

Politics of Disability: The Body, Sectarianism and  
Social Inclusion in Modern Lebanon

by

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## Abstract

From war-wounded soldiers' stories of heroic sacrifice, to disability rights activists' calls to action, practices of disability defy definition. The current World Health Organization definition of disability centres on the lack of ability; but there is more to disability than that. While activists have tried to move our understandings of disability away from bodies into the social realm, I would suggest that disability is better understood as a convergence between the body and the socio-political cum religious discourses which inform 'normal' bodily presentation. Therefore this thesis examines the intersection between a plurality of disability discourses and the ways that persons with disabilities engage or disengage themselves from these discourses according to their religious and political inclinations.

My research is based on two years of fieldwork in Lebanon where I conducted unstructured interviews and engaged in participant observation with individuals and groups working with disability. I worked with disability rights activists, and residents at "rehabilitation" hospitals, as well as people outside any type of group or organization who did not always define themselves as 'disabled'.

Situated at the cross-roads of the Middle East and Europe, Lebanon's Muslim, secular and Christian communities identify with decidedly different ideologies. Twenty years after the civil war, many of these communities remain antagonistic. Disability in Lebanon serves as an alternative lens through which to view these competing ideologies, therefore exposing the tension between traditional versus cosmopolitan concepts of the body and individual, the fissures between different communities, and also between these communities and the state.

By tracing personal narratives of disability I show how disabled men and woman actively engage with discourses of disability. I found that disabled people discarded negative beliefs about bodily deviation, and utilized more enabling discourses in order to craft themselves as good and "functioning" citizens of the state. The struggle between different disability groups showed that they are fighting for more than a place for disabled people in society, but also sought to claim the image of the nation itself. Those disability groups which were oriented toward Lebanon's structure of sectarian governance were more successful than those based on alternative structures of plurality and self-asserted non-sectarianism.

By placing these competing narratives of disability within a historical frame my research bridges ethnographic analyses of the body with the social and political discourses, which imbue these bodies with meaning. Further, by examining the ways in which Lebanon's different communities negotiate their relative positions within the current "disabled" state, my research adds to an understanding of how not only people, but communities re-imagine, re-create and re-enable the nation.



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I hereby declare that the work in this thesis is entirely my own unless  
otherwise stated.



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## List of Abbreviations

|       |  |
|-------|--|
| APDC  | Association of Parents of Deaf Children                                    |
| CEDAW | Convention on the Elimination of all forms of Discrimination Against Women |
| ESCWA | Economic and Social Council for Western Asia                               |
| ERW   | Explosive Remnants of War  |
| ICIDH | International Classification of Impairments, Disabilities, and Handicaps   |
| LPHU  | Lebanese Physically Handicapped Union                                      |
| LSHA  | Lebanese Sitting Handicapped Association                                   |
| LWAH  | Lebanese Welfare Association for the Handicapped                           |
| MOSA  | Ministry of Social Affairs   |
| NGO   | Non Governmental Organisation  |
| YAB   | Youth Association for the Blind  |
| UN    | United Nations   |
| UPIAS | Union of the Physically Impaired Against Segregation                       |
| UXO   | Unexploded ordinances  |
| WHO   | World Health Organisation  |

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## Glossary of Terms

|                   |   |
|-------------------|---|
| <i>'aib</i>       | fault, defect or shame  |
| <i>asabiya</i>    | feeling like one is part of a group                                   |
| <i>dhimmah</i>    | non-Muslims living within the Ottoman Empire                          |
| <i>foyer</i>      | apartments  |
| <i>haram</i>      | pity (lit. forbidden, prohibited, unlawful)                           |
| <i>hezzab</i>     | a political party   |
| <i>hurma</i>      | woman   |
| <i>ismiyyah'</i>  | family group  |
| <i>iqta</i>       | a form of tax farming during the Ottoman Period                       |
| <i>iltizam</i>    | alternate work for a form of tax farming during the Ottoman Period    |
| <i>makfouf</i>    | blind (Lit. someone who has been hindered)                            |
| <i>maquette</i>   | architectural models ( <i>French</i> )                                |
| <i>metayers</i>   | share cropper   |
| <i>mhezzab</i>    | someone who is a member of a political party                          |
| <i>milishara</i>  | female militia member   |
| <i>mu'awwaq</i>   | handicapped (bodily or mentally)                                      |
| <i>muqa'id</i>    | disabled (Lebanese Colloquial)  |
| <i>muq'ad</i>     | disabled/lame (Lit. someone who has been made to sit down)            |
| <i>muqati'jis</i> | feudal families   |
| <i>muqata'as</i>  | districts under the <i>muqati'jis</i> control                         |
| <i>tai'fa</i>     | sectarianism  |
| <i>tanzimat</i>   | period of Ottoman reforms which began in 1839 and ended in 1876       |
| <i>uhdah</i>      | to be under the care of a feudal family                               |
| <i>ulama</i>      | the body of Muslim clergy and religious leaders                       |
| <i>uzwah</i>      | the economic bond between feudal families and workers of the land     |
| <i>qa'id</i>      | disabled/lame (Lit. someone who has been made to sit down)            |
| <i>uyub</i>       | (pl.) <i>'aib</i>   |
| <i>Uwweit</i>     | forces (colloquial Lebanese referring to the Lebanese Forces militia) |
| <i>wasta</i>      | broker, privileged political connections                              |

## Names of Organizations

|  |                                     |
|--|-------------------------------------|
| <i>Al ihtihad al lubnanioon al muakeen</i> | The Lebanese Physically Handicapped |
| Union                                      |                                     |
| <i>Arc-en-ciel</i>                         | Rainbow                             |
| <i>Bayt Shabab</i>                         | the House of Youth                  |



## Chapter 1: Introduction

This thesis focuses on the body, state and the production of political and disabled subjects in post-civil war Lebanon. What stands at centre stage, so to speak are ‘embodied forms of otherness’ (Kohrman 2007: xi) that, since the civil war, have become an increasingly important issue for many people in Lebanon. The ‘otherness’ I am speaking of refers to *mu’awwaq* in Lebanese Arabic and what English speakers refer to as ‘disability’. Central questions that guide this enquiry are: to what extent does disability related to the body? How does sectarianism affect social integration? How does identifying as *mu’awwaq* provide possibilities for new social spaces where one can interact with people who also embody ‘otherness’ and to what ends? What are the political discourses being created in these social spaces? By addressing these questions, I will draw attention to the social and political spheres that were opened up by this enquiry into disability and the body.

Scholars have broached the question of ‘embodied otherness’ long ago. Ruth Benedict’s study of ‘disability’ and abnormality in 1934 declared that behaviours and traits that were considered ‘abnormal’ for some cultures were regarded as normal elsewhere. Cataleptic fits caused by epilepsy, for instance, were a stigmatised behaviour in America, but were considered an essential part of shamanistic performance in Siberian culture (Benedict 1934). Her work showed that notions of normality and abnormality are not inherent in individual biological states, but the result of cultural systems of labelling and identifying them as such. One of the first contemporary anthropological analyses that explicitly tackled disability in non-Euro-American contexts is Ingstad and Whyte’s edited volume *Disability and Culture* (1995). This volume proceeds from Benedict’s premises to suggest that studies of

disability in the global-south cannot rely on 'western' conceptions of normality and abnormality and further argue that Euro-American definitions of *disability* are inadequate to understand the experience of stigmatisation in the global south. Instead, disability can best be understood in terms of *cosmology* and *personhood* where an individual is not simply human, but human in a valued and meaningful way (ibid.:11). Their approach takes into consideration the cultural networks that meaningfully connect persons to one another.

In the study that I present here, I move one step further from these approaches to suggest that not only is it important to understand the cultural processes associated with disability, it is also of the utmost importance to understand how political processes affect disability. What is often neglected in many studies of disability is an explicit treatment of the ways individuals relate to, and interact with state and political institutions. This thesis thus examines the 'politics of disability' within the context of a post-civil war country and will show that the political engagement of those who actively deploy the term *mu'awwaq* are doing more than political posturing, and are essentially engaging in a struggle over the means of and essence of subject creation. I will argue that disability in Lebanon has become a social identity as well as the battleground on which 'the state' and local NGOs fight for 'the image of disability'. Most importantly, this is a struggle to control the means through which disabled people affect social perceptions of disability, which affects the perception of one's body and ultimately, one's perception of self.

Mike Oliver's seminal work on disability criticises social scientists for creating grand theories of disability, which are underpinned by the 'the personal tragedy theory of disability' whereby disability is seen as a problem to be overcome (Oliver 1983: 1-2). Heeding such warnings, I locate disability ethnographically,



rather than through a Euro-American understanding. I thus sought out individuals who self-identified as disabled. It is my hope that ideas about the weakness and vulnerability of disabled people can be dismissed. I will use the following example to illustrate the complex and problematic nature of defining, and locating disability ethnographically.

I first met Abdullah on the afternoon of November 23, 2005. I had taken a taxi across the Green Line, which separated the warring sides during the civil war, from Achrafieh in East Beirut to Sanayeh in West Beirut. I was nervous as I was heading to an interview with one of the leading disability rights campaigners in Lebanon. Not only was he well-known within the disability movement in Lebanon, but he was also known in the Middle East and within international disability circles. People had told me that he was a 'no-nonsense' kind of guy, and this fact only heightened my apprehension.

When I arrived in the area, where Abdullah's office was, I could not find his building. Abdullah told me that his office was in a tall, modern building, and I had to stop people on the street to ask where I could find the office of the Lebanese Association of Disabled People (LADP). No one in the neighbourhood knew where it was or had even heard about it. I eventually found the office by walking into all of the tall, modern buildings in the area. When I found the right one, I took the lift up to the 10<sup>th</sup> floor. I knew immediately by the presence of a lift that this building was new, as many older buildings in Lebanon do not have lifts. When the elevator arrived at the 10<sup>th</sup> floor, and the door opened, I was met by an empty desk, and fluorescent lighting. The desk was presumably meant for a receptionist for whom, however, there did not seem to be any need. Someone who happened to passby noted my

presence and took me to the director's office. Once there, Abdullah warmly greeted me and asked me to sit down.

Abdullah was one of the most important informants during my fieldwork in Lebanon that I conducted from February 2004 to December 2005. Originally, I had set out to research disability and its relation to the body and religion in a country noted for its sectarian divisions. My working assumption was that notions of disability would be affected by religious discourses of the body and that concepts of charity and pity would facilitate the social integration of disabled people. Abdullah would prove to be one of my most important informants as he was a disability activist, a powerful political lobbyist, and an academic.

Abdullah was an attractive man in his late 40s with a solid physique and dark brown hair. He sat across from me in his wheelchair, with my tape recorder between us. He told about how his life changed after the car-accident, which paralysed his legs, and how he had to overcome the devastation of being unable to walk. We discussed the social prejudice and difficulties he faced as a disabled man given the rigid gender roles which Lebanese society placed on him. He then said to me,

I am secular and I am marginalised. Much more marginalised than as a disabled person. Much more. I am much more integrated as a person with disabilities than as a secular person. I cannot even speak about my views of religion. I cannot live my life as a secular person, but I can live my life as a person with disabilities. So really...who is disabled?

Abdullah's statement made me question the nature of disability. Could a person be disabled by their political environment? Further, could a person's political environment be *more* disabling than the inability to walk? According to Abdullah, disability was mainly about integration into society. Following this rationale, a sectarian person who was disabled was still socially integrated, whereas a secular person, regardless of physical ability, was marginalised. Taking Abdullah's question

‘who is disabled?’ as a point of departure, this thesis examines disability in light of Lebanon’s political and social environment and examines the impact of sectarian-cum-religious networks on individuals’ perception, experience and ways of understanding disability.

Disability is defined and experienced in a multitude of ways. Through the process of two years of fieldwork, however, I came to understand that several themes united people in their experiences. Sectarianism was one such unifying theme, but interestingly, not all people considered it a hindrance as Abdullah did. Instead, it will be shown that the experience of disability is affected by a person’s engagement with, or disengagement from, competing discourses of disability. The contestation of disability and its definition is what I call the ‘politics of disability’.

When I told non-disabled people about my research, they inevitably told me about *Bayt Shebab*, ‘the hospital for the war-wounded from the Lebanese Forces’. It was far up in the Lebanese Mountains and people invariably offered to take me, but no one actually followed through on their promise. I then began to contact the disability groups in Beirut and through this process came to situate myself with a non-sectarian, disability rights group known in English as the Lebanese Physically Handicapped Union (LPHU).<sup>1</sup> They were the largest and oldest, rights-based disability groups in Lebanon and it was from there that I came to ‘survey’ the landscape of disability. I began to see that the groups working on disability were many and varied. Some groups were rights-based, while others were based on religion. Some were organised around impairment type and some insisted that there be no distinction between different types or causes of disability.

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<sup>1</sup> In Arabic name is *al ihtihad al lubnanioon al muakeen* which translates to the Lebanese Sitting Handicapped Union

For the LPHU, disability was a social problem. On another level, it was empowering and not a tragedy, but rather a medium *to be worked through*. Disability as a type of empowerment, which people can *work through*, resonates with what James Staples calls the ‘paradox of disablement’ whereby a disability can be *both* enabling and disabling. In one instance, an individual with leprosy deformities actively chose not to amputate their leprosy disfigurement. In another, the clawed hand that signalled the stigmatised leprosy affected person became a resource when collecting alms. Thus, Staples suggests that while leprosy is often disabling in India, it can also be socially enabling in certain contexts and ‘not entirely explicable within a framework of oppression’ (2005:18). Staples conclusion is not that disability is both enabling and disabling, but rather, that the terms and language we use ‘straightjacket’ our thinking (ibid.: 25). Rather than read disability as a tragedy, or as paradoxically enabling, I suggest that by people *working through* disability, they are altering the very category and notion of what disability is. Disability and more specifically, the label of disability, becomes a tool that people can utilise to fashion themselves in relation to others.

Hacking’s notion of the ‘looping’ and ‘interactive kinds’ is useful here (1999: 100-124). For Hacking, ‘classificatory looping’ is the process by which a category evolves from ‘a host of earlier labels’. Hacking states that ‘each classification or subclassification [...] improved on previous ones. Each classification has been associated with a regime of treatment, schooling, exclusion or inclusion’ and are thus labels of a contingent and ‘interactive kind’ (1999: 111). This thesis approaches disability, not as a tragedy, or as a paradox, but as a category of being in which disabled people engage in the process of de-articulating their embodied otherness from negative stereotypes. Thus, in this sense, disability is a process.

## ***Body, Self and State***

Within anthropology and sociology, the body has come to be recognised as having a major role in the construction of identity. Anthropological analyses of the 'individual' within different cultures have usually focused on the body as a site of cultural, individual and collective production. As Claude Lévi-Strauss has noted, 'all cultures leave their mark on the human body: through styles of costume, hair, and ornament, through physical mutilation, and through gestures' (1985 [1963]: 17, cited in Becker 1995: 28). Here, I will explore anthropological approaches to the body in order to look at the processes involved in the creation of identity among disabled people in Lebanon.

A number of studies of the body in the Middle East have ascribed special significance to the body (and particularly to the bodies of women). For instance, a woman's honour and her family's honour are developed through the cultivation of her bodily comportment. Women's sexuality is thus argued to be central to constructing the nation (for example Kananneh 2002; Yuval Davis 1997; Yuval-Davis et al 1989; Joseph 1994). The segregation of women, veiling and chastity (Doumato 1991) in many places in the Middle East are central to the construction of the honour of the social group. Much of the writing in the Middle East suggests that the body and the social body are inextricably linked and since a woman embodies the collective, shame brought upon her brings shame upon the group. Suad Joseph (1993, 1994) has explicitly noted this type of 'connectivity'. The body and styles of women's dress have become extremely politicised.

Csordas states, 'The body is not an object to be studied in relation to culture, but is to be considered as the subject of culture, or in other words as the existential ground of culture' (Csordas 1993, 5). Embodiment is the centring of the self within the body. I



will use several examples from my personal experience in the field to begin the discussion of the body in Lebanon. Frequently, in the streets of Beirut, a city that prides itself on its cosmopolitan attitude; I saw many men and women who had undergone facial plastic surgery. This was a fact that they did not hide, and was easily noticeable, as they often would not retreat to their homes for the period of their recovery. Rather they would go to the cinema, to have coffee or would go out for drinks in the evening wearing the post-operative bandages. One evening I sat with my friends in a local café while they all scoffed at a woman who was sitting at a table near us. She was trying to eat but her nose was bandaged up from a cosmetic procedure. We all knew it was from plastic surgery from the tell-tale bruising under the eyes.

Lebanese mainstream bodily *aesthetics* are not dissimilar from what has come, in recent years, to be the American or British ideal. For women, European noses, full lips, ample bosoms, and otherwise slender figure are highly valued. I do this to suggest that a focus and concern for the body and bodily presentation was extremely powerful. Body forms shaped one's social connections. Image, in Lebanon, was everything. Not long after my arrival in Beirut, I began to notice the body had a special concern. Almost immediately, people who I became acquainted with were commenting on, trying to alter, or at least strongly influence my body shape. Dress and clothing came to be a palpable issue, as well as bodily form, particularly weight and beauty. The concern for body was overt (sometimes tactfully stated, sometimes not) and people and attempts were made to manipulate the body into the 'ideal'. A woman might find that her female family members encourage her to lose weight and stay slim. I experienced this myself from men and women alike, first from a shopkeeper in his late 60s, who warned me that I should not put on too much weight.

Another young woman asked me if I had lost weight. When I told her no, I had been gaining weight she said, 'yes, I know I can tell', as if the matter was too sensitive to be brought up directly. By the end of my stay, I was taken to a dietician by an older, Lebanese woman. This doctor was considered to be one of the best and prescribed me dark bread, white cheese, and lots of vegetables. The woman who took me to see the doctor made sure to observe my progress, and commented on it often.

Several of Lebanon's musical celebrities such as Nancy Ajram and Haifa Weheby epitomise the 'ideal female form' and became embodiments of beauty. It was openly discussed and acknowledged that it was all the result of plastic surgery. The ubiquity of plastic surgery and the attempt to create the ideal form has been noted in 'Nip and Tuck loans offer in Lebanon' (*BBC News*, April 20, 2007). The article states that one of the major banks in Lebanon is capitalising on 'Lebanon's infamous urge for cosmetic enhancement' by offering 'plastics surgery loans' to people who need help paying for cosmetic procedures. The bank says that it receives around 200 calls a day requesting information about these loans. Dr. Nabih Sader is quoted as saying

the most popular procedures are nose jobs - which cost a fraction of what most people pay in Europe or the US - followed by liposuction and botox. There is usually a sharp increase in breast augmentation surgery in the spring, as women prepare for the summer season spent on Lebanon's beaches.

Becker argues that 'core cultural values are encoded in body habitus and participation in bodily conformity' (Becker 1995, 28). The ubiquity of plastic surgery, the correction of 'deviant' bodies in accordance with an 'ideal' was part of body habitus in Lebanon. These practices were a quotidian and ubiquitous experience and much of the blame has been placed on the media. 'The media reifies and routinises cultural predilections, making them widely accessible as a lexicon of the body' (Bordo, 1993). Musical starlets promulgate images of the 'ideal' body. One



informant noted that women who wear short skirts and show off their sexuality do so in order to 'look modern' especially within the *mélange* of different cultures and religions in Lebanon.

During a car voyage from the south of Lebanon to Beirut, I noticed that many of the billboards depicting women had been torn. Some of the women in the pictures were 'tastefully' dressed, while others were dressed in bathing suits or underwear. Regardless of the level of clothing the woman wore, the advertisements had been torn. At first, I had not realised the intentionality behind these torn images. It was not until I neared Beirut, that I began to notice that the same images were not ripped, while those in more conservative areas had been ripped intentionally. Some person or group had clearly questioned the propriety of depicting women on the billboards and climb up to rip the images of these women out. Not only does this highlight the significance of the female form, and notions of proper exposure, but it also serves to highlight some of the tacit ways in which the body was made to have moral significance. Clothing and style of dress had both a moral and political significance for the religious groups in Lebanon for both Christian and Muslim. In an article about these torn images appeared in the a Lebanese English language newspaper which notes that '[i]f, in the Lebanese capital, offending images remain largely untouched, in Beirut's more conservative suburbs random acts of vandalism like the smearing of paint on ads displaying the female body and the tearing of billboards' fabric— show some people disagree with what is arguably an advertising industry fashion' (Chahine, Daily Star, June 30, 2004). The point being that body was a meaningful. Bodies are used and constructed with knowledge of the parameters set by one's unique social scenario. People use their bodies (and, at times, their bodies are used by others) to gain or to articulate meaning about certain aspects of the

society in which they live. According to Bryan Turner, 'We can thus think of the body as an outer surface of interpretations and representations and an internal environment of structures and determinations' (Turner 1996, 39).

The idea that social issues and concerns are manifested through the body is not new; over the last four decades, the study of the body relative to culture has been an important part of the anthropological endeavour (Csordas 1994: 1). Bryan Turner has suggested that within the 'somatic society' our major political and moral problems are expressed through the conduit of the human body (1996: 6). The somatic society is thus 'crucially, perhaps critically, structured around regulating bodies' (ibid.: 13). This regulation has been the site through which struggles of power and control are manifested (ibid.:1). Turner's account of society, however, does not provide an illustration of the ways people manage the regulations that have been placed upon them. In many instances, individuals do not simply accept the regulations of society; but rather, they work through and against them and claim their place within society. The bodies of disabled people are also bound up within this struggle, but it has developed into a discourse of liberation and resistance to power and control.

The relationship between bodies and social structures has also taken a prominent place within much academic literature (see for instance Foucault 1979, 1978, 2003; Petryna 2002; Biehl 2005). These analyses suggest a process of 'othering' and distancing of 'normal' from 'abnormal' bodies, and as such, 'disability' is implied, though never explicitly investigated as such. If the body is one vehicle for individuals and society to create meaning, how can we fit the physically impaired body into the equation? Do stigmatised bodies function in the same way as non-stigmatised bodies? Or do they have the potential to bring novel, unintended

meaning? How might a person with a stigmatising difference negotiate the unintended meaning which their body entails? Throughout the thesis, I will approach the processes and means through which disabled people manage their identities within the Lebanese context.

Lebanon has been called the 'Arab world's plastic-surgery capital' and it would be easy to think that disability would somehow be linked to notions of beauty and the ideal body.<sup>2</sup> However, one of the central themes which arose during this research was not the notion of the perfect body, but rather, the notion of the ideal society and the ideal state. The following statement was recorded during an interview with the director of the first disability rights organisation in Lebanon.

We registered this organisation in 1981. But our work had already started in the 70s. Our early goal was to achieve equal opportunities and full integration for disabled people in a country that has many obstacles {...} because society had inherited stereotyped way of thinking about disability, a group of people who had physical disabilities decided to change the situation. We aimed to change old laws and create new ones, to raise awareness and to change the mentality of society, and to empower disabled people to be able to participate and to be more independent. {...} But of course there was civil war when we started, and we didn't have a government that was strong to target and change rights. {...} This is the aim, to achieve these goals through advocacy and lobbying. So, when you have war, you have to change your priorities. Our priority was first to fight the war itself.

What is important to note in this example is the way that the director cites the civil war as standing in the way of the project of achieving disability rights. Now consider the following example where Shadi, a 49 year old man who was wounded during the war, described the way that the presence of the war-wounded in society came to change the way that people thought about disability.

Before the war, when a family had someone who was handicapped they keep them in the house. [The person who was handicapped] didn't go to see anyone, [their family] wouldn't take him any place. That was before the war. But after the war, everybody goes out of the house. Everybody did something.'

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<sup>2</sup> [http://www.amoreradiantyou.com/my\\_weblog/2008/01/loans-fuel-plas.html](http://www.amoreradiantyou.com/my_weblog/2008/01/loans-fuel-plas.html)

Shadi, who had 'left school too early', related his experience of becoming war-disabled to me in broken English.

Some people look at me and I am a hero, and some people look at me like I am nothing. I am strong in myself. I am not shamed, and I don't care what the other thinks of me. When they see me and I am proud [of what I did], the others will see me and be proud.

In the first example, the war stood in the way of disability rights. In the second, disability was experienced through it. For this reason, the Lebanese civil war provides, not the central aspect of disability in Lebanon, but rather, a key backdrop that brings various social, political and corporeal relationships with the state, into relief.

These statements represent two different ways of thinking about disability. The former approaches disability from a rights perspective, and the later approaches it through physical rehabilitation and institutionalisation. Concern for disabled people emerged markedly during the Lebanese civil war (1975-1990) when Lebanese militias began to organise and care for their war-wounded soldiers, while neglecting people who were 'naturally' disabled. In light of the unequal care provision, the 'naturally' disabled were spurred into action.

The LPHU began their work in the mid-70s at the beginning of the Lebanese civil war (1976-1990). At the time of this research, they were one of the most active mobilisers of disability rights actions, and were the first group 'for disabled people, by disabled people'. In 2004, their membership had grown to include almost 1500 people from across a country of 4 million. Many of the members of the LPHU were disabled, but other volunteers like myself, were not. People in this group included both men and women, from teen to adult and represented almost all of Lebanon's religious and sectarian groups. The geographic distribution of the LPHU's members

suggests that they represent many different socio-economic groups. For instance, few of the members were able to afford cars, especially if they needed modification to be driven by a person with limited mobility. Many people, with whom I spoke, were living with their families and could not afford to live in their own flat. No one whom I met was able to hire a personal, disability assistant and instead had to rely on the goodwill of their family members and strangers to get daily tasks done.

By situating myself within the LPHU, I learned of other groups in Lebanon who worked on disability.<sup>3</sup> Another location for my research was *Bayt Shebab* (House of Youth), one of the first and best-known rehabilitation hospitals in Lebanon. The ‘hospital’ was set up by the Lebanese Forces (*al-Quwat al-Lubnannia*);<sup>4</sup> a right wing, Christian militia, which, like many militias during the war, found themselves faced with a growing number of wounded soldiers to care for. Fearing that these soldiers might be in danger if they returned to their families, the *Uwwait* sent them to a Christian mountain-top village, known as *Bayt Shebab*, in order to protect their identities and keep them safe. In 1981, the ‘safe house’ was transformed into a non-sectarian rehabilitation hospital for people with all kinds of physical impairments. As a non-sectarian hospital, it was open to disabled people from all sectarian groups, but the men and women represented in this thesis are the small group of war-wounded who were there from the beginning. They had been among the original Christian fighters brought to *Bayt Shebab* for their own safety, but, after more than 25 years, they had become permanent residents and had no intention of leaving. One of my other informants, who was a former resident of *Bayt Shebab*, actually referred to it as the ‘prison without bars’.

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<sup>3</sup> At the time of this research, there were over 200 registered charities and NGO’s for disabled people. The LPHU saw *Bayt Shebab* and these ‘other’ groups to be working against disability rights. I discuss a few of these other groups in more detail in this chapter.

<sup>4</sup> *al Quwat al-Lubnannia* will further be referred to in the colloquial Lebanese form which I most often encountered *Uwwait al Lubnannia*, or simply *Uwwait*.



The divergent experiences of my informants led to my inability to approach disability and embodiment within this thesis in a strictly coherent manner. From an embodied perspective, disability was difficult to pin down as people rarely described themselves as disabled. From a socio-symbolic perspective, anyone with a bodily difference is identified as a 'disabled person' within society. While I could have focused on one institution, I did not feel that a single site would be sufficient to address the question of social integration of disabled people. The notion that disability could be examined in its totality, seemed to me to be unsustainable. Despite the desire to come to know a subject fully, the notion of 'holism', as a 'knowable, fully probed micro-world with reference to an encompassing macro-world,' is itself a fiction (Marcus 1998, 33).

The long-term residents at *Bayt Shebab* represent a distinctively Christian perspective. The people who belonged to the LPHU, however, were from various different sectarian and religious groups. It was not unusual to see veiled women at the LPHU office. In fact, LPHU centres in more rural areas would have predominantly Muslim members. Thus, the perspectives they represent are not religious per se, but rather, self-consciously secular. Religion was solely a private matter and not a factor to be brought into their political work. Secularism, however was. My decision to research within a staunchly non-sectarian group certainly contributed to my focus on the politicisation of disability. Researching disability from this perspective provided me with the opportunity to understand how this term is understood, contested, and utilised to subvert more stigmatising notions of disability.

As I mentioned earlier, the civil war was the backdrop to the stage where many political and social dramas played out. More specifically, one of the most

important socio-political problems, which the war brought into focus, is sectarianism. The following section will cover the emergence of sectarianism from the Ottoman millet system, and the impact of the use of sectarian identities more broadly. I then provide an account of the collapse of the Lebanese state during the civil war and its wider implications, and finally, I address the memory and legacy of the civil war in the context of contemporary social and political struggles.

### ***The Disabled State***

Sectarianism is pervasive throughout Lebanon. Many anthropological and historical studies of Lebanon make note of the impact of the sectarian system on social arrangements; however, sectarianism has often been seen to stand in the way of equality.<sup>5</sup> Understanding why sectarianism is a problem, one need first understand the history and formation of Lebanon as a nation-state. Before 1918, Lebanon was part of Greater Syria and as such, was under Ottoman rule.<sup>6</sup> In the Ottoman Empire, non-Muslim populations were organised into ‘millets’; this form of indirect rule meant that Christians across the Ottoman Empire would belong to the Christian millet and granted a certain degree of self-governance and religious freedom. The status and rights of all Christian and Jewish Ottoman subjects, as People of the Book, were accorded lower status compared to Muslims and were made to pay higher taxes (Ortaylı 1986, 7-9).

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<sup>5</sup> Joseph’s (1994: 1993 and 1983) work focuses on the importance and role of sectarian networks. Historical studies of Lebanon have made sectarianism central to Lebanese history (see for example Makdisi 2000 and 1996; Picard 2000; Khalaf 2002).

<sup>6</sup> The early history of Lebanon is only referring to Mt. Lebanon. It was not until 1920 that the French established the state of Lebanon with its modern borders. Mt. Lebanon was historically populated by the Druze and Maronite Christians.



In the *iqta'* or *iltizam*<sup>7</sup> system of governance were religiously heterogeneous systems of patronage in which wealthy and powerful lords (*muqati'ji*) collected taxes for the Ottoman state. The *Muqati'ji* (the lord) was thus responsible for those in his care (his vassals). The bonds between the *muqati'ji* and his vassal, Harik describes, were bonds of loyalty, and responsibility. A subject under the jurisdiction of a *muqati'ji* was considered to be of the '*uhdah* of the *muqati'ji* in other words he was under his care and hence his political affiliations were with those of his master. Persons in the care of the *muqati'ji* were subjects as well as followers and were part of the *muqati'ji's* '*ismiyyah*' meaning that they have taken his family name. During the *iqta'*, taking the name of the *muqati'ji's* house defined ones place in society. Socially and politically, the individual was identified as an adherent of the *muqati'ji*. In referring to his subjects, the *muqati'ji* used the term *nasna*, 'our men' (Harik 1968, 42-43).

The concept of '*uhdah* suggest an economic bond as well as a bond of loyalty and responsibility. The *muqati'ji* was held responsibility for the welfare of his subjects (Harik 1968, 44). This responsibility to 'tend and protect' was vital in order to maintain his integrity (ibid., 43). The notion of 'closeness' or *qaraba* also brings people into a relationship of association that is not dependant upon blood ties (Eickelman 1989, 156). Such 'idiomatic kinship' has carried over to contemporary social structures (Joseph 1997, 79).

Historically, it would not be until the middle of the 19<sup>th</sup> century, during the *tanzimat* (a series of political reforms within the Ottoman Empire) that community groupings would consolidate largely around religion. The Druze emerged as

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<sup>7</sup> Although *iqta'* and *iltizam* can be used interchangeably, I use *iqta'* following Harik. As Harik defines the term, it is "a political system in which authority is distributed among a number of hereditary aristocratic chiefs subordinate in certain respects to common overlords." (Harik 1968, 37). *Iltizam* is often associated with Egypt, and the system of tax farming that emerged in the 17<sup>th</sup> century.

*muqati'ji* due to their privileged status and loyalty to the Ottomans, amassed great wealth (Salibi 1971, 76). The Druze claimed a high proportion of the land of Mount Lebanon (Harik 1968, 68) resulting in their position as power-brokers in the area. The Maronites, on the other hand or *dhimmah*, (non-Muslims living within the Ottoman Empire) held little power within this system, as many of the Maronites were peasant farmers.

Around 1845, the church began to organise and unify power thus creating a unit of governance around which the Maronites coalesced. In an era in which the Druze were the main power-brokers, the organisation of Maronites around religion and the church, presented a threat to their authority. The social upheaval that this caused, coupled with the growing authority of religion, meant that

indigenous traditions and practices—in which religion was enmeshed in complex social and political relations—and Ottoman modernization, {...} became paramount in reshaping the political self-definition of each community along religious lines... (Makdisi 2000, 2).

Religious identity was slowly becoming a marker that carried economic and social import. Sectarianism therefore emerged from the instrumentalisation of religion for political ends. In this sense, religion was devoid of its theological context. Rather, the violence of the time was not a battle over religious beliefs, but rather, a fight for autonomy and control (Abul- Husn 1998, 35).

After the end of the First World War, the Sykes-Picot treaty divided the Middle East region between France and Britain, with France gaining colonial rule of Syria. The creation of *Grand Liban* (Greater Lebanon) from what was Ottoman controlled Syria, thus brought together a plurality of religious groups into one geographic territory. Not only did the French intervention bring about the governmental structure of the country, it also gave the Christians of Lebanon the enjoyment of a certain protection (Salibi 1977). The constitution, written in 1923,

allocated power according to a sectarian formula whereby the Maronites were given the seat of President, and the Sunnis gained the seat of Prime Minister and the Shi'ite Muslims were given the position of the Speaker of the House. It is interesting to note that power within the government is not understood as being allocated to individuals, but rather, sectarian groups. The French construction of the country effectively institutionalised sectarianism (Owen, 24). Lebanon remained as a French Protectorate until 1943 when it declared independence.

After decades of increasing political tension in the region, Lebanon descended into a devastating fifteen-year civil war in 1975. During this time, what were once political parties became armed militias. Elisabeth Picard, an historian of Lebanon, notes that civil war is unlike other wars in which the nation struggles against a foreign enemy. Rather, a civil war implies a breakdown of the state. As the country descended into civil war, Lebanon did not fall into a state of disorganised, anarchic violence; rather, the functions of the state were managed and distributed through the activities of various militia groups (Picard 2000: 292). These groups competed 'to construct and defend the institutional arrangements that would permit them not merely to survive, but to manage the organizational, material and human demands of war making' (ibid.: 292). In the absence of a state, the militias that were organised around sectarian and religious lines aspired to gain governance that would give them the legitimacy and integrity of the Lebanese state the collapse of which they had brought about (ibid.). Above all, the militia economy rested on the capture and appropriation of state function (ibid.: 301-302).

Sectarianism is still entrenched within Lebanese politics and contemporary social arrangements, familial and kin networks hearken back to the patron/client

relationship of the Ottoman era.<sup>8</sup> According to Picard, 'the partitioning of Lebanon among militias reproduced the old Ottoman divisions of military and fiscal domains (*iqta'*), each with their borders and customs checkpoints' (Picard 2000: 309). Family and kinship thus continue to be essential to civic and family life; the Lebanese constitution defines 'the family' as the basic unit of the social life (Joseph 1997, 80). The state reflects family life quite literally as political offices are often passed on through real, or imagined, kin connections, thus reinforcing the need to be connected and identified within a community, sectarian group, or ideology.<sup>9</sup> 'Given the weakness of the state, Lebanese citizens have experienced kin as the anchor of their security, acting as the central metaphor for social relationships' (Joseph, 79). Kinship is one of the primary means of access to state and civil society resources. Kinship has been produced by political leaders who call upon their own kin for public positions and political support, where son follows father in political office, where relatives privilege each other to gain access to public and private resources (Joseph 1997, 80). In this way, sectarian groups are a necessary link in people's lives, to power, to history and further provides a voice by which to speak out against what is perceived to be an ill-functioning state.

War had the effect of reifying religious identities. In the Lebanese case, the war divided society vertically along religious lines. Some scholars has suggested various reasons for the logic of religious partitioning. Makdisi posits that sectarianism is a modern phenomenon which came about through not just the colonial (French), but Imperial (Ottoman) encounter. The basis for religious divides can be traced back to social divides in the history of Mt. Lebanon. Religious groups

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<sup>8</sup> Following Joseph (1979), I use 'religion' to refer to theology, and 'sect' to denote the organization in relationships of the groups involved. 'Sectarianism' is used in referring to group consciousness, and 'religious' to denote a theological consciousness.

<sup>9</sup> A contemporary example of this phenomenon was the election of Saad Hariri to the Lebanese Parliament after the assassination of his father in 2005.

use these links with the past to justify their presence within the country (Makdisi 2001). Suad Joseph describes religious divides in society as a way of looking at an 'epi-phenomenon' where religion is a way of describing certain sets of social relationships. 'Thus religion is a conceptual form through which people represent their relationships to themselves. These relationships then produce the conceptions and the conceptions help reproduce the relationships' (Joseph 1979: 1). Religion has become one of the most important ways of conceptualising social relationships in Lebanon.

Since the end of the civil war, Lebanon has continued to face many social and economic challenges. People voice their frustration over the lack of availability of jobs, the lack of access to the government, and the civil strife that is present within daily interactions. Workers are paid very low wages, disenfranchised communities barricade streets in the centre of the city in protest of the government, while power-cuts, corrupt politicians, assassinations and the reduced flow of tourists, and tourists' dollars, provide endless discussion. People unanimously blamed the government and its lack of ability to provide for the people or handle Lebanese affairs. I discovered taxi rides to be a fruitful source of conversation, debate and consensus-building concerning local politics. During the course of a ride, men would discuss local politics loudly and vehemently. Taxi drivers, eager to provoke naïve foreigners, would attempt to draw me into discussions about Lebanon, its local and international politics. These discussions would proceed by them asking me questions about the country. As we reached our destination, the driver would inevitably proclaim sentiments such as 'Lebanon beautiful, but government no good!' Political discussions such as these, were not just happening in taxis, but everywhere; in coffee shops, street corners, bars and in people's living rooms. All of these sites of political



discourse engaged people at many levels and led to the creation of certain political realities and of the 'state' itself.<sup>10</sup> When tensions became high enough, political dissent would spill out from the confines of bars and living rooms, into the streets and violence would ensue.

The political situation in Lebanon is more than just interesting to note; it is at the centre of the disability debate in Lebanon. I will describe my personal experience of being situated within my field-site – not as some type of self-indulgence, but rather as a way of revealing the personal dimensions and potential prejudices which my orientation may have brought to the project. For me, the war was palpable and present. The bombed out buildings that remained in a state of disrepair, were marked with militia signs, insignias and spray-painted crosses. Mosques and churches competed for dominance within the landscape and for me religion seemed to be everywhere. However, the longer I stayed in Beirut the less I saw these markers as purely religious. Eventually I came to understand them as symbolic of a continuous political struggle.

My process of being integrated into the community of a Christian area of East Beirut was one of the main processes through which sectarianism would come to replace religion within my work and understanding. My first apartment was in Hamra, West Beirut, next to the American University, traditionally Sunni Muslim area, especially after the civil war.<sup>11</sup> Once I began to develop a social network, I was urged to move to Achrafieh in Christian East Beirut. Many of my acquaintances (Christians, Druze and Muslims alike) thought that 'suitable' accommodation could

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<sup>10</sup> The reference here to the construction of the state within everyday discourses utilizes Navaro-Yashin's study of the production of the political, and of the 'state' through the 'public life' and the everyday construction and discursive formation of the state in the Foucauldian sense of the 'discourse' (2002: 7).

<sup>11</sup> There are many Greek Orthodox people living in Hamra although they are fewer in numbers than Sunnis. The religious character of Hamra is decidedly Muslim.

be found on the 'right' side of city. In Achrifieh, people explained, I would feel more comfortable and would enjoy a familiar life, like the one that I was accustomed to in the West. I would be able to wear my clothes as I liked, could go to galleries and the cinema and do 'cultured' activities like I was accustomed to do. Hesitantly I moved to the 'right' side of the city. Initially I was afraid the move would shut me off from other communities within the city, particularly Muslim communities. The move, however,



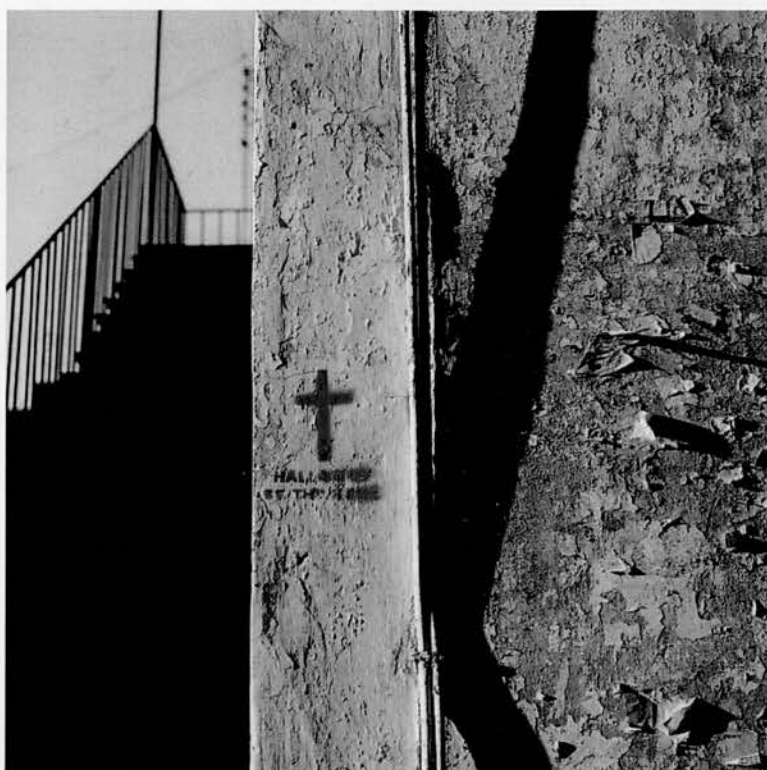
**Figure 1: Example of the ways people would mark their communities**

became vital to the rest of the time I spent in Lebanon and was not a 'shutting off' per se, but rather, a way of being made to 'fit'. As a white American, it was assumed that I was a Christian, hence I was categorised and made sense of in this way. My move to the Achrafieh imbedded me in a Christian area, but it in no way cut me off from meeting and speaking with people of other religions in Beirut. Especially within the LPHU, I was able to meet and speak with people from all religions. My work



with them was in no way affected by 'Christian-ness', nor does the data that I gathered from that location represent a Christian point of view.

After my move to Achrafieh, I began to experience the divide of the city (and ultimately the country) in the stories people told about the 'other side'. For instance, people would sometimes comment on how 'ugly' (*bisha'*) local residents of West Beirut were where women veiled and men wore traditional 'Arab' dress. I felt the distance between the two halves of the city through the locations of the houses I visited. During a visit to the home of my Arabic instructor I thus became confused when she described a nearby place as being 'far away'. While the place she spoke of was only a mile away, I began to realise 'near' and 'far' were not necessarily construed solely according to physical distance, but was also related to a psychological distance. A young woman who introduced me to the city when I first arrived, explained that the city was not just culturally but also psychologically divided. She said the separation of the city was still strong and that a young couple that were looking to purchase a house would never think to purchase a home on the 'wrong' side of the city. Such psychological divides continued to present themselves in a variety of ways.



**Figure 2: Photo from a Christian area of Beirut stating in English, ‘Hallowed be thy Name’**

While having a conversation outside in the parking lot of *Bayt Shebab*, some of the short-term residents of *Bayt Shebab* brought up the topic of wearing black clothes, and of the priesthood. They told me that someone who is disabled cannot become a priest. Their statement was a complete *non sequitur* but sensing their desire to have a chat with me, I asked them why they thought this was the case. They said it was because becoming a priest would be like running away from your disability. That was why one of them had not been able to become a priest. I asked him how he came to know this to which he replied, ‘I asked a priest’.

The man I was speaking with had lived in *Bayt Shebab* for 3 and a half years and as I was getting ready to ask about his time in *Bayt Shebab*, he interrupted my line of questioning.

Man- Are you Lebanese Forces?

Julie- I live in an Uweit neighbourhood.

(He laughs at this and turns to his friend)

Man- Of course you do! All of Achrifieh is Uwweit! Look, here is the Uwweit Flag.

Julie- I know. I see it on every street and wall.

Man- Do you know the head of the Lebanese Forces?

Julie-Yes, of course.

Man- What do you think? Is it good?

Julie- What? The situation in Lebanon?

Man- No, the leader of the Lebanese Forces, Samir Geagea.

Julie-I know some things about him. I know that he just got out of jail because they put his pictures up all around my neighbourhood. And the night he got out, I could hear the fireworks and (celebratory) gunfire. I know that he was put in there by the Syrians and is now living in France because he was too afraid to return to Lebanon. The way I see it, he is like any of the other guys who were leading the militias during the war. Some people I know like Aoun, some like Geagea, some people love Hizbullah. It just depends on where you are from and whether you are Christian or Muslim, where you live.

Man-Yes, it is true, we have a very complex society in Lebanon

Living on the correct side of the city provided me with invaluable information that helped me to answer probing questions. Living in Achrifieh not only provided me with information that opened certain doors, it did limit the types of people who I met. While I lived and spent most of my time with people who lived 'secular' lives, I was not always able to get access to militant members of groups such as Amal or Hizbullah. This, however, had much more to do with me being an American, and less to do with my 'Christianness'.

During the civil war, social divisions became exacerbated while the topography of the country led to the establishment of religious enclaves. Before the war, the city was to some extent religiously mixed, but sectarian-fuelled clashes cleaved the city in two halves, one Christian and the other Muslim. Christians consolidated in East Beirut and Muslims took safe haven in West Beirut. Maronite Christians took control of Mt. Lebanon, while the Druze took control of the Shouf, and the Shi'ites, the South and the Beqqa. As the war raged in all parts of the country, Beirut became the epicentre of the conflict. It was here that identities

became territories. The front-line of the war was in Beirut and came to be known as the Green Line because of the grass and trees that grew in the abandoned streets. This no-mans-land was planted with landmines and booby traps that made it too dangerous for human habitation. The Green Line ran along a considerable length of the city stretching from the coast of the Mediterranean, through the Martyrs Square and continued northward. When I arrived in the city, snipers no longer patrolled the Green Line, but its presence affected many aspects of everyday life.

Lingering sectarian sentiment, coupled with the violent separation, encouraged the two sides of the city to develop separate social arrangements. Beirut, effectively, developed as two separate cities. The areas around the Green Line still exhibit the visible signs of war as buildings have mortar-shell and bullet-holes. Images of militia and religious-cum-political leaders were immortalised in street posters that further served to mark the sectarian identity of specific neighbourhoods. The crumbling infrastructure left over from the war and the continued political struggles are still an issue for those who are able bodied. For those who have physical impairments, the destroyed sidewalks, craters, bombed-out streets and lack of state support, were at best a nuisance, and at worst incapacitating. In Lebanon, exceptional forces such as the continued political and economic instability of the country exacerbate the disabling environments.



**Figure 3: Torn and defaced Amal posters in Hamra**

### ***Language and Meaning***

The words 'lame', 'mutilated', 'maimed', 'crippled', 'handicapped', 'disabled', and 'impaired' all have a historical trajectory that is closely linked with dominant conceptions of bodily deviance. It is interesting to note that 'there is no neutral language with which to discuss disability' (Altman, 2001, 97). All of these labels have referred to a certain 'category' of people deemed to be of a lesser kind.

Mike Oliver states that humans give meaning to the objects in their social world and these meanings subsequently orientate their behaviour toward the objects (1990: 2). Thus, 'if men define situations as real, they are real in their consequences' and 'if disability is seen as a tragedy, then it will be treated as a tragedy' (ibid.: 2). If disability is defined as an experience and a process of othering, how does one locate it ethnographically? This question began to be answered through my initial search for 'disabled' people.



During my stay in Beirut, I noted one particular young girl, whom I saw quite often in Hamra, a predominantly Muslims part of the city. The young girl obviously suffered from some type of retardation of growth and mental development. She sat in a wheelchair all day in this busy area. The girl, who appeared to be in her early teens, sat day after day, motionless, in her wheelchair. The wheelchair seemed to be used to garner sympathy so people would give money. An old, tan, leather-skinned man, perhaps her grandfather, occasionally accompanied her. She wore a black veil and he wore traditional, Lebanese trousers (*sherwal*) and an old suit jacket. Disabled people begging for money were often the only encounter one had with disability in public.

Another example was a middle-aged man who was severely disabled and who begged on *Rauche*, the concrete 'boardwalk' of Beirut. *Rauche* was the place where people from all across the city came in the evenings to relax or take a swim in the Mediterranean Sea. This man sat on an old wooden board that had wheels attached to the bottom. He pushed himself along the sidewalk with his one arm, while using the mangled stump of a leg to push a tin can along the ground. Lindsay French, who has explored our relationship to the amputated body, notes that the spectacle of the deformed and radically different body taps into 'an instinctive sympathetic identification...by virtue of our own embodied being' (1994: 74). Ingstad and Whyte have further noted that 'impairment is a valuable qualification for the occupation of begging' (1995: 15). The importance of impairment for begging relies on pity where 'beggars who lack a suitably "pitiful image" might fake disability or exploit impaired persons as a begging implement' (Schak 1988: cited in Ingstad and Whyte 1995: 15; Staples 2005 and 2007). It was obvious in both of the cases I encountered, that disabilities were being used to garner sympathy in order to make money. Disability was used to 'bang on the emotions of the passersby' (Mirsa and Mohanty 1963: cited

in Ingstad and Whyte 1995: 15). The relationship between disability and charity has a long history as highlighted by Braddock and Parrish (2001). The use of disability as a tool for financial gains constitutes the backdrop for this study. Examples such as these suggest that disabled people and their families were aware of the layers of meaning of disability and they used these meanings for political, social or financial ends.

Some people knew that an individual was disabled, but it was not necessarily obvious to others. One instance was David, who owned a small *man'oushé* (sandwich) shop and whom I met through a mutual friend, Joseph. Both Joseph and David were in their mid- 40s at the time of this research so they had both been young men during the war. I often frequented the shop as I enjoyed this particular type of Lebanese sandwich. Joseph was aware that I was studying disability, and offered me assistance and advice. One evening while we shared a pot of Arabic coffee, I told him that I wanted to speak to war-wounded people. 'Well why didn't you tell me? There are many people, but they might not want to talk about it. You know David right?' 'Yes' I replied. 'David is disabled from war. He doesn't have his leg below the knee. You can't tell because he always wears long pants, but he is war-disabled.' I had known David for about a year at that point, and it had never occurred to me that he might be war-disabled, or even someone who had fought in the war.

While there were war-wounded people living throughout the country, there was no way to experience the war-disabled body unless one visited an institute/hospital that had been set up for them specifically or knew someone personally. The war was, after all, still within the living memory of anyone older than twenty years of age. The fact that it was a civil war certainly affected the way society and state coped with its history. The impact of these institutionalised 'bodies'

was different from what I had imagined and the stark absence of the war-disabled (or any kind of disabled) in public, forced me to examine what I had taken for granted. Why were the disabled absent from public life?

Two important concepts in Lebanon which I will explore are *haram* and *'aib*. I will explore the ways that they were used, and consider possible explanations for why disabled people felt these terms to be condescending. Disability has come to mean different things in different situations. While I explore these words and their etymological roots, I do not take this to represent the full meaning of the words as they are used in everyday contexts. Rather, I take words, in this context, in a similar manner to Unni Wikan, who cautions us not to attend too closely to words 'for their "meaning" may sink one deep into quagmires' (1992: 464). Heeding this warning, I am interested in how words produce certain '*effects*' (Rorty 1989: 15 cited in Wikan 1992: 464). Here, we will see that words that people use to describe disabled people, and the sentiments expressed toward them, act to 'define' and constantly reiterate the feeling that disability is a tragedy and a burden that a person must bear.

The Lebanese term that most closely translates to 'disability' is *mu'awwaq*, meaning 'the one who cannot stand'. *Mu'awwaq* is not the only term used for disability. Lebanon is tri-lingual and French and English are both spoken fluently. The Lebanese equally use the French term, *handicape* and the English words 'disabled' and 'handicapped'. In French, *les handicaps*, 'points to a constraint on groups of individuals who experience limits from some type of health condition or accident and from the environment' (Albrecht et al. 2001: 3). When speaking in English, the word 'normal' was used to describe people who were not disabled. Likewise, the French *normale* was used to refer to non-disabled people.

Two other phrases which were used in association with disabled people were *haram* (pity) and *'aib* (shame). *Haram* was by far the most commonly used word. These two words are unlike *mu'awwaq* in that they are exclamations that strike a moral tone. *Mu'awwaq* on the other hand, is a descriptive term like *makfouf* (blind). *Haram*, in classical Arabic, can be used as an adjective describing something or someone forbidden, prohibited or unlawful. It can also denote someone or something that has entered into a state of ritual consecration, sacredness, and holiness (Wehr and Cowan 1979). For instance, the holy Mosque in Mecca is known as *masjid al haram*, and the Kaaba, a holy site for Muslims, is known as *bayt al haram*.<sup>12</sup> Similarly, *muhtaram* connotes the idea of someone, or something that is honoured, revered, venerated, esteemed and respected, thus suggesting that if something *haram* is managed correctly, it can be transformed from something forbidden to something honoured.

In common Lebanese usage, it was not unusual for someone to proclaim '*ya haram!*' (Oh what a pity/shame!). Upon hearing that someone lost their eyesight one might proclaim '*ya haram!*' In almost every interview with disabled people, they mentioned their feeling about the use of the word *haram*. It was felt to be one of the most irksome and belittling words one could use for a disabled person. Although *haram* may be a normal reaction to something sad, it was taken by many disabled people to be a word of condescension that marked them off as someone lower in status and indicating a special class of people who need to be minded, and cared for. The label of *haram*, much like the label of 'being sick' (Parsons 1975), indicated a social category that is marked as undesirable. This sentiment has a doubly repressive effect on the disabled. In many places in Lebanon, especially in the more rural areas,

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<sup>12</sup> It is interesting to note that the word for woman/wife, *hurma* refers to a something inviolable and someone to be reverent toward.

disability is considered *haram*, and disabled family members are kept in the house. The motivations for this can be manifold; a family will be shamed if it is known that they have a disabled child or person in their family, while they also feel the need to protect the child from social rejection. Wehbi writes that because of common perception of disability in society, many families have chosen to “hide their children to protect them from negative reactions” (Wehbi 2006: 339 see also Lakkis 1997 and Boukhari 1997). The family’s choice to sequester a person with disabilities, Wehbi argues, only reinforces the shame and the negative conceptions of disability through the absence of the disabled from public life.

‘*Aib* was another word used with reference to disabled people. In its verbal form ‘*aib* means ‘to be defective, faulty, blemished, or to be deficient and full of faults’ (Wehr and Cowan 1978). ‘*Aib*, in common parlance was similar to *haram* but was not used as often. It was understood to mean ‘shame’. ‘*Uyub* (pl. of ‘*aib*) can mean imperfections, vices and foibles. However, ‘*aib*, unlike *haram*, cannot be transformed through corrective practice. One of the first times I encountered this term in reference to disability, was during a meeting with the LPHU. The president of the organisation explained in anger how a man at a conference *on disability* no less, felt that the government should not give money and assistance to people with ‘*uyub*’ (defects). Instead, he had said, ‘normal’ people should be cared for first, since they are capable of being the most productive.

Unni Wikan list the range of meaning of ‘*aib*’ which span from ‘trifling misdeeds or accidents, such as insulting a guest, gossiping, stealing and miserly behaviours, to acts judged horribly immoral, such as homosexuality, female adultery or loss of virginity before marriage’ (Wikan 1984: 636). She contests the contrasting of the words honour (*sharaf*) and shame (‘*aib*) and argues that they relate differently



to behaviour. In the instances where *'aib* and *haram* were used to refer to disability, it indicated neither acts nor behaviours, but rather a state of being by virtue of a physical trait.

Interestingly Clifford Geertz, in his analysis of the Moroccan marketplace, has noted the relationship of *shih* (truth), and its relationship to physical characteristics. *Shih*, he states, denotes 'health, strength, vigour, wholesomeness, salubriousness, lack of impairment, absence of blemish, recuperation, healing, cure' (Geertz 1979: 207). The relevance of this term is related to a general concern with perfection. Geertz states:

Arab, and especially the Muslim Arab, concern with bodily integrity, the tendency to identify physical imperfections with moral, has often been noted. (There is a special morphological class for adjectives denoting defects—"mute," "blind," "deaf," "lame," "scabrous," "demented," "moronic," "pregnant"). So has the connection between that idea and the evaluation of statements, documents, traditions, reports, and the like. A chain of "healthy," "unblemished" witnesses to a purported fact, whole and intact in both the material and spiritual senses, is a guarantee of a fact's validity; discovery of one "weak" or "damaged" link in such a chain undermines it (ibid.).

Geertz's explanation of the aetiology and rationale of 'perfection' serves as another example of how people and things that are seen to be blemished are given a lower or diminished status in regards to the 'unblemished' and able. French (1994) notes a similar concern toward war-injured people on the Thai-Cambodian border where the word '*annit*' was used in reference to amputees and carried the connotation of 'pity'. This term, similar to *haram*, connotes a hierarchy where the object of pity is of a lower status.

### ***Religious Discourses of Disability and the Violence of Charity***

The following exploration serves as a starting point from which to understand various religious discourses of disability. Myth, texts and other forms of everyday

knowledge serve as powerful models for sociality and morality as both lay and clerical forms of knowledge contribute to the experience of disability.

Prior to the emergence of sectarian identified safe houses cum rehabilitation hospitals, disability in Lebanon, and throughout the Arab world, was managed through foreign missionaries who came to the region in order to both spread 'The Word', and to help 'the poor, unfortunate and helpless people' (LPHU 2003: 4). Caring for those in need, i.e., the poor and needy, people with disabilities, leprosy and infirm, are both traditional Christian and Muslim virtues. As early as the 4<sup>th</sup> century, monastically inspired hospices for the blind emerged in what are now Turkey, Syria and France (Braddock and Parrish 2001: 17). Organised forms of care for people with disabilities in Lebanon, were founded by foreign missionaries who came to the Levant region in the 19<sup>th</sup> century (source LPHU internal document). Although many families still cared for disabled family member in their homes, many forms of 'institutionalisation' are practiced today.

The association of disability with uncleanness and impurity further emphasises the unequal dynamic of power. In the Hebraic Levant, disability (as uncleanness) prohibited one from entering the temple, the most sacred of spaces (Stiker 1997, 24). Impurity in the form of disability, and the prohibition placed on disabled people, created distance from the community. Religious regulations regarding the body, such as those found in the Old Testament, 'dictate its role in social relations' and further, determined which forms the ideal body can take (Turner 1996, 84). Within religious discourses, disability can be understood as 'a sign of punishment or evil incarnation; as [a] challenge to divine perfection and as object of pity and charity' (Rose 1997, 397).

During one interview, Abdullah stated bluntly that ‘God is the problem!’.

Elaborating on his previous comment, he explained

I am going to make a comparison between Christianity and Islam. Jesus made miracles on blind people. Jesus said “See!”, and then blind people said “Oh my God, I can see! Halleluiah! I can see! Praise the lord!” And in Islam, we have two contradictory propositions. One proposition is that one day a blind man came to the Prophet [Mohammed] to ask him a question but the prophet refused to answer. The second time he came and the Prophet refused to answer again. The third time he refused and then God spoke to the Prophet, and said ‘why are you refusing to talk to the blind, how dare you refuse him?’ So it would seem that God is supporting people who are blind. But then on the other hand there is another version of the Qur’an that says, “how come you expect blind people to be equal to the non-blind?” So God is a problem because of the religious discourses of caring, pity and charity. People here [in Lebanon] are religious so [people with disabilities] are the objects of charity.

In this statement, one can see a social critique, in which religion contributes to the diminished position of disabled people in society. Beliefs about disabled people have been carried through from Early Judaic, Biblical and Qur’anic texts. Jesus worked miracles on men and women who were considered ‘disabled’ and thus disabled people are still objects of charity in modern times. The passage that Abdullah cited is from a well-known passage from the Qur’an at the beginning of Surat ‘Abasa (“He Frowned” = Sura 80 in the Qur’an). I would like to elaborate on this Sura, and on Abdullah’s use of it, in order to illuminate how these religious interpretations affected the lives of disabled people.

The following is a summary of a conversation with Professor Yasin Dutton, an Islamic religion scholar at the University of Edinburgh. I asked him to explain this Sura, and *his* perspective on how it related to disability.

It should also be mentioned that this man, whose name was Ibn Umm Maktum, had become Muslim in the early days in Makka and was also a cousin of the Prophet’s first wife Khadija, so he would have been well known to the Prophet from the earliest days of the community, and probably before - the point being that incident in question was clearly a one-off incident, and had absolutely nothing to do with the man being blind. In fact, although I have heard this incident referred to many times, I have never heard anyone suggest anything about blindness being one of the issues here; rather, this man Ibn Umm

Maktum is mentioned several times in the sources, and always in a positive light, and is considered, along with all the other Companions, to have a high and noble status' (Personal communication, October 2006)

The religious treatment of disability demonstrates that society has deemed it to be a problem which is subject to regulation and control. For my informant, the turning away of people who are visually impaired was a sign that the Prophet did not like to keep the company of blind or disabled people. For the religious scholar, the turning away of people who are visually impaired had little to do with the blindness of the man in the *sura* and more to do with the fact that he had interrupted the Prophet. Despite the multiple Qur'anic exegeses, one thing remains clear: Early Judaism, Christianity and Islam display a deep concern for bodies that are different.

During the Middle Ages, a significant social aspect was added to the religious approach to disabled people. It had been the role of the early church to care for the weak and needy and thus to tend to all creatures of God, especially those who had been turned away from society. Caring for the weak and needy emulated Jesus' own acts and was accordingly a way to salvation. Foucault (1967) notes that as leprosy, another stigmatising condition, was eradicated from the Western world, hospices and 'lazar houses' that had been set up for lepers were turned into 'madhouses'.<sup>13</sup> 'Poor farms' and madhouses became 'dumping grounds' for all undesirable people including disabled people (Braddock and Parrish 1995: 39). Madness, like leprosy came to be an object of social consciousness that acted to define the limits of society, and to constitute the power of medical and institutional practices over men and women.

Institutions of exclusion were, on one level, a measure of social responsibility to protect 'clean' citizens from polluted morals and the pollution of disease. As

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<sup>13</sup> In a more contemporary study, Biehl (2005) has revealed the blurred lines between mental and physical illness.

persons of dubious social and moral worth, people with disabilities were sequestered to reduce their 'destabilising' impact upon society. Moreover, it was through such institutions that the rich could provide evidence of their charity. As such, people with disabilities, and others who were incapable of work, 'recovered their social utility, their special place in the social division of Labour in that they offer the rich the possibility of acting on their charitable feelings and thus win salvation' (Stiker 1999: 85). Benefaction and the care of the disabled is an act of charity 'par excellence' as physical exposure to disease is indicative of heroic virtue (Turner 1996, 88). Thus, persons with disabilities find themselves caught within a type of exclusion *within* a society that categorises them as 'unfortunates' (Hughes 2002: 61).

Enlightenment thinking brought about a transformation in the way that the body and disease were understood. The role of superstition in explaining the unexplainable was downplayed through a transition toward rationality. Reason became the primary basis of authority. During the 15<sup>th</sup> and 16<sup>th</sup> centuries, attempts to create biological aetiologies and treatments for people with disabilities signalled a change in the prevailing wisdom that disability was supernatural in origin (Braddock and Parish 2001, 21). The move away from superstitious beliefs to 'rational' ones also transformed treatments of disability as well as care (ibid., 23). It was during this time that charitable societies for people with disabilities emerged. These were different from the almshouses as they were secular in their diagnosis of disability, and notions of causation began to shift from the divine to the medical.

Bourdieu's analysis of 'the gift' shows that charity is a form of violence. He argues that gift exchange is 'symbolic domination'; even expressions of concern such as kindness or acts of generosity are 'gifts' that cannot be repaid, and thus create structural inequality. Bourdieu states:



In order for symbolic domination to be set up, the dominated have to share with the dominant the schemes of perception and appreciation through which they perceive them, they have to see themselves as they are seen {...} expressions of concern, kindness, consideration or advice, not to mention acts of generosity that cannot be repaid, such acts of charity, when they are set up in conditions of lasting asymmetry (in particular because they link people separated by an economic or social gulf too great to be bridged) and when they exclude the possibility of an equivalent in return, the very hope of an active reciprocity, which is the condition of possible genuine autonomy, is likely to create lasting relations of dependence (1996: 237-238).

The relationships between persons who are seen to be objects of charity ('the dominated'), and those who are the 'dominant', are dependent on people who are 'worthy' recipients of charity, or as one informant put it:

If we [the disabled] don't exist, they have a problem. They need us to show that they are doing good for God. This is a major problem for us. Every time they want to make money, every time they want to show their compassion, they do it through us. How come? Because they play on the notion of how pitiful we are. They say, "Look at this guy. Let's help disabled people, look how they do!" And we have come to have value through this stupid discourse, instead of approaching us through the discourse of rights.

Unable or unwilling to accept charity, and unable to find employment, disabled people find living an independent life a great challenge. For many disabled people in Lebanon, living with (and being supported by) family is often the only option open to them. In order to fill the gap within the provision of needs, disability groups use the notion of 'rights' as an alternative discourse to religion and charity.

Within the Lebanese sectarian state, 'religious' acts have the potential to become political acts. This helps explain my informants' feeling that disabled people must remain 'poor and pitiful creatures'. This subservience led the disability rights movement to reproach such discourses. Although many disabled people reject religious interpretations of disability, however, not all do. Some disabled people to whom I spoke used religion to explain why they had become disabled. As we shall see in Chapter 5, the language of sacrifice was a discourse through which the men and

women, who became wounded in the civil war, made sense of their experiences. I argue that the language of suffering and sacrifice mediates their disabilities within broader social arenas.

### ***Disability Groups in Lebanon***

Beside the LPHU and *Bayt Shebab*, there were a number of other disability organisations working in Lebanon. Among these were Arc-en-ciel, The Association of Parents of Deaf Children (APDC) were part of the Inclusion Network, while and the Lebanese Welfare Association for the Handicapped (LWHA), to name just a few. Their work, and my contacts with them, was exclusively through the LPHU, but they provide a context and a point of comparison for my wider research. People from the LPHU described Arc-en-ciel (rainbow) as one of the ‘babies’ of the militias. It was said to be founded by the Lebanese Forces (*Uwwait*) under one of their leaders, Samir Geagea during the 1980s. When I questioned the director, George, about the founding of this group he said unequivocally that they were not a sectarian organisation.

The primary objective of Arc-en-ciel is to find employment for people with impairments of hearing, sight, mental health and motor functions. Arc-en-ciel’s method of providing employment to disabled people was to train them with skills, which would suit the job-market and then find them jobs in the private sector. Often, disabled people who came to their centre got jobs in call-centres. This is seen as suitable work for disabled people, especially those who are visually impaired. The LPHU however, is extremely opposed to the idea that disabled people should be hired into such positions and many people with visual impairments with whom I spoke were not satisfied with such jobs.

As well as skills training, Arc-en-ciel used other methods to encourage companies to hire disabled people. One of them was to negotiate a lower pay rate for disabled people. The rationale for this was that 'any job was better than no job'. The director of Arc-en-ciel argued:

Well, the labour market works off supply and demand. You have to meet the offer based on what you can do. When there is no demand, and I am not only speaking about disability, when there is no demand for what you know how to do, then you must supply the existing offer. When you have enough qualifications to ask for what you know to do, you have to be in a strong position. Until we arrive to this strong position, we still have to meet the existing offer.

In the director's view, the economic situation of Lebanon does not allow for many people, disabled or non-disabled, to enter into the labour market. While it was a great challenge, economic independence was seen to be one of the main areas that affected the social integration of disabled people. The barriers to economic integration are supposedly a lack of information about the capabilities of disabled people, combined with a lack of accessibility to factories and businesses. The director felt that the economic integration of disabled people was not an easy problem to remedy.

It is a lot of things together, but if I were to prioritise them the first problem would be the economic situation of Lebanon and the second would be lack of information about the capacities of disabled people and third would accessibility. So in order to find people work, the best incentive is to pay a disabled person less.

While the strategy of paying disabled people less was a controversial one, it did, at least temporarily, provide one of the most basic needs for disabled people.

Another group that I will discuss briefly is the 'grassroots' Association of Parents of Deaf Children (APDC). APDC was publicly and politically vocal about the issues facing deaf children and disabled people in general. It was formed in 1996 and each member represent one of the twelve different deaf institutes around the country. The group originally met in the homes of different group members and

sought to create a lobby group that could put pressure on the government for the provision of services for deaf and hearing-impaired people. It also worked to initiate educational projects towards integrating deaf students into mainstream schools and to create a unified system of sign language. The president of the group described the experience of deafness in Lebanon as extremely isolating due in part to stigma against deafness, combined with the inability to communicate with people easily. Currently in Lebanon, each institute for the deaf has its own system of sign language and the lack of a unified system is acknowledged as a major obstacle to development in the field. The lack of a common language also serves to exclude deaf people from one another, as well as wider society. According to the president, approximately 15,000 people have hearing difficulties, yet only 5-10% of them are active in organisations and because most school are not equipped for deaf students, many deaf children cannot attend school and thus remain illiterate. In the North of the country, for instance, there are approximately 5000 deaf individuals, while there are only two organisations that deal directly with deafness issues.<sup>14</sup> The APDC were also a part of the so-called Inclusion Network, which was organised by the LPHU and which shared a similar approach to disability through the discourse of rights.

Many residential disability institutions were located outside of the capital, and required attendees to travel to, or live in, the facilities, away from their homes and families for the duration of their care, education, or therapy. Boukhari states:

It is generally believed by those in the Disability Rights movement that placement of a disabled child in an institution was a way 'to rid families of the daily care of children who were stigmatised by being seen as 'abnormal'; institutionalisation meant that they could be kept away from their families and communities' (Boukhari 1997: 37).

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<sup>14</sup> The lack of organization for people with hearing impairments is related to both the lack of organizations coupled with a 'patchy' geographical spread of aid organizations. The majority of the resources in the country are focused on the capital of the country, Beirut.

Another group I visited was the Lebanese Welfare Association for the Handicapped (LWAH) in South Lebanon, which the LPHU does not approve of. The LWHA is a non-governmental organisation (NGO) that specialises in the aid of people with physical and mental disabilities. Its main method of assistance is through physical and psycho-social rehabilitation. In addition to these services, it offers vocational training, medical care and at the time of this study, were preparing to provide accommodation for long-term patients. The main branch of the LWHA is in Sarafand, South Lebanon. There were two satellite branches located in Nabatieh, a Hizbullah stronghold (also in South Lebanon), and the predominantly Shi'ite village of Sohmar in the Beqqa Valley. The founder of the organisation is Mrs. Randa Assi Berri, the wife of Nabi Berri, the Speaker of the Parliament. Nabi Berry is a prominent name in Lebanon as he holds the third most powerful political position in the country, while also being the head of the Shi'ite political group known as the Amal Movement. This group is one of Lebanon's most prominent and vocal political parties. The LWHA, as well as all groups which seek government backing, must be non-sectarian organisations. While such centres often claim to be non-sectarian, I was told that their sources of funding came from sectarian channels and furthermore, that their location within the country meant that only one sectarian group could utilise their facilities. It was thus considered a 'baby' of the militias.

My colleagues at the LPHU, did not think that it was advisable for me to go to visit the centre. They did not think I would get any good information from them, nor that I would be welcomed. After arriving at the centre, I felt out of place as most women were veiled, and most men wore long beards and traditional Muslim skullcaps. It was not just the style of dress, which made me feel uncomfortable. During my meeting with the director, I realised that the trepidation of my colleagues



concerning my visit of this centre was well founded as I was given a chilly reception that was followed by a thorough questioning of my research methodology. I was asked by the director to produce a copy of my survey (which, it was presumed, any good researcher should have), a letter from my University speaking in favour of this research, and finally my business card. I was eventually given a tour of the facility, but I never returned for a follow up visit. When I returned to the LPHU to tell them of my difficulty, they replied, 'Of course, what did you expect? They are not in our network!' For practical reason then, this thesis does not claim to represent Muslim disability groups. What is included are Christian and secular perspectives on disability.

### ***From Charity to Rights: Disability and the Social Model***

Various social movements, such as the Feminist and Civil Rights Movements that originated in the US during the 1970s, inspired the rights-based approach to disability in Lebanon. Moreover, this rights-based approach was directly linked to the emergence of the social model of disability. In the UK, however, the social model of disability was pioneered by the Union of the Physically Impaired Against Segregation (UPIAS) in 1981 (Snyder and Mitchell 2001: 368), and developed concurrent with similar movements in the US. Before this discursive shift, disability had mainly been understood as a medical problem. The medical model is today considered to be outdated, as it propagates a medical orthodoxy that 'conceives of bodies as objects to be cared for through the application of medicine and rehabilitative techniques' (Edwards et al., 2003: 241). In the medical model, the problem is located *within* the body and it is through medical corrective practices that problematic bodies are 'fixed'.

The WHO has created universal criteria for disability, impairment and handicap with each category building on the other. The WHO has defined impairment as: 'Any loss or abnormality of psychological, physiological, or anatomical structure or function'; disability as 'Any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being'; and handicap as 'A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal, depending on age, sex, social and cultural factors, for the individual'(WHO 1980: 27-29). The social model thus shifts the focus and leaves disabled people's over-medicalised bodies 'mercifully' alone (Snyder and Mitchell 2001: 374). Instead, *institutions* are the subject of critical gaze (ibid.). The social model allows for the conceptualisation of disability as a socially generated category related to experiences *external* to the body (Corker 1999: 3). It further allows disabled people to effect change within their lives, including the removal of barriers to economic integration and disabling legislation.

The codification of the social model in the International Classification of Impairments, Disabilities and Handicaps (ICIDH) catalysed the emergence of the social model of disability. The ICIDH represents an important move away from a biomedical view of disability (Thomas 2002, 41). The ICIDH was one of the first policy-oriented attempts to define disability. Thus, the World Health Organization (WHO) uses the UPIAS model of disability as a 'universal' definition to judge the efficacy of programs that seek to alleviate disability. Groups that conceptualise disability in this way, find that disabling barriers 'permeate every aspect of the physical and social environment: attitudes, institutions, language and culture, organisation and delivery of support services, and the power relations and structures

of which society is constituted' (ibid.: 2). The use of terminology and certain conceptual frameworks are central to how disability is defined and how it is dealt with socially and politically (see Wendell 1996, Thomas 1999, Oliver, 1988, 1990). One of the most important aspects of the social model is that it provides disabled people with a political framework to work toward the removal of social and political obstacles.

Furthermore, this approach recognises a government's responsibility for securing equal rights for disabled people (Barnes et al 2002, 3) and encouraged countries in the West to take measures to prevent and remedy architectural and infrastructural barriers. The Americans with Disabilities Act (ADA) of 1990 inspired international disability rights. It recognised that 'the purposeful unequal treatment' and 'patterns of segregation and isolation' were the major problems confronting disabled people, not their impairments' (Braddock and Parrish 1995: 50). In the UK, for instance, the Disability Discrimination Act (DDA) of 1995 thus stipulated that the state must take significant measures to ensure that buildings, transit vehicles, and various other parts of public works are accessible for people with impairments. Service providers must not discriminate or deliberately fail to provide a service or assistance to a person with a disability. Equal access to education must be given to disabled people, as well as the prevention of 'less-favourable' treatment. Taxis and public transport vehicles must provide access as well as aid and assist in the entry and exit of these vehicles if needed. The DDA further stipulates that public premises should be accessible so that a person with a disability can 'benefit' from its use.

In order for a government to assume the responsibility of removing barriers, disability and disabled people need to be identified. It is thus government that defines who qualifies as disabled and the process of identification implies quantifying, and

reifying, physical and mental differences. Defining disability produces an amalgamated category in which people with physical and mental impairments are aggregated into one standardised and universal bio-medical category (Kohrman 2003: 6). Not only is the category of 'disabled' a modern concept, in many cases it has been formed in the context of a centralised state (ibid: 8).<sup>15</sup>

Thus, in order to allocate benefits and services, states must rely on the ability to clearly distinguish those who are disabled, and can get benefits, and those who are not. Deborah Stone, in *The Disabled State*, notes that the American Medical Associations (AMA) administrative definition of disability quantifies ability to determine who is eligible for disability benefits. The AMA's scale begins with the concept of 'the whole man' and then assumes that medical conditions operate to 'reduce the whole by some certain percentage' (Stone 1984: 114). An individual's disability is thus scaled according to 'classes of severity'. In order to assign a patient a severity class, a physician performs an examination to elicit clinical signs for a given disease and awarded a numerical grade. To illustrate the basic rules of the arithmetic of impairment, 'a man who has a history of rheumatic fever and the presence of a heart murmur but is otherwise "asymptomatic and leads a normal life without limitation of activity" is classified as 5% impaired' (ibid. 115). In sum, Stone argues, physicians are given the ability to diagnose physical impairment and from that material, 'perform arithmetic operations on clinical measurements to yield some numbers, but these numbers do not measure anything real' (ibid.:116). The determination of who is eligible for disability benefits is in fact arbitrary because 'there are always multiple understandings of a particular social phenomenon such as disability, and ... there can never be a perfect correspondence between a measure

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<sup>15</sup> For a further discussion of the institutional history of disability, see Braddock and Parish (2001).

and the underlying phenomenon it is trying to capture' (ibid.: 117). Hacking points out that the enumeration and quantification of life is one of the most significant aspects of biopower (Hacking 1981). They are not the sign of the expansion of the state, but a way of constructing the state (Kohrman 2003:8).

Administrative definitions of disability 'specify who will receive the benefits provided by the welfare health policy legislation or who is subject to the civil rights protection that the law provides' (Altman 2001: 98). Expert medical knowledge thus defines the limits of the *functional* capacity of disabled people in the work force, and thus to distinguish between 'those who cannot work and those who are unwilling to do so' (Oliver 1990: 3). Making official decisions about who is and who is not disabled is never value-neutral as service provision always entails an economic aspect. The notion of *function* brings the body back to centre-stage. The success of the social model of disability has thus, inadvertently, made the body the ultimate measure of disability.

Defining disability thus becomes both necessary and problematic. Altman highlights the impossibility of defining disability due to its complicated and multidimensional nature (2001: 97) but concedes that there is a need for interpretability between terms within health and other contexts (ibid: 98). The different contexts that she refers to are clinical (biomedical) and administrative. In addition to these contexts, definitions of disability outside of the Western world also require conceptual interpretability between different notions of disability.

Organisations such as the World Health Organization (WHO) and Oxfam use policy-based definitions of disability, which presume that disability is universal and thus, quantifiable. However, such definitions, may not necessarily apply to people and cultures outside the 'Western' world. Ingstad and Whyte have attempted to take an anthropological approach to disability to point out the inconsistency and problematic nature of the transference of disability definitions to the global south. They argue that the qualities that might inhibit individuals from playing normal roles in daily life



may not necessarily be biomedical impairments such as illegitimate birth or absentmindedness. They use illegitimate birth and absentmindedness as examples where disability is not necessarily related to the body. The qualities which are inhibiting people in the global south may not in fact fall within the WHO's category of impairment (like flabby or small buttocks) (Ingstad and Whyte 1995: 6). Ingstad and Whyte have shown that due to the spread of disability programmes in countries of the Global South, disabled people and groups within these contexts carried over concepts and practices that derive from Western (Northern) countries (1995: 7).

Ingstad and Whyte state that

In many cultures, one cannot be 'disabled' for the simple reason that 'disability' as a recognised category does not exist. There are blind people and lame people and 'slow' people, but 'the disabled' as a general term does not translate easily into many languages {...} the Maasai term used to translate the English word disabled actually refers to a lizard that walks in an awkward way {...} [a]s a social identity, 'disabled' is only now being created in most Southern countries—through surveys, research projects, rehabilitation programs, and government policy (ibid.)

Thus, the anthropological study of disability cannot be disconnected from broader social-scientific theories.

In this thesis, I argue that it is the political structures that effectively determine what counts as disability. Sectarianism, in Lebanon, is a pertinent example of this. In Lebanon, disability is experienced in light of poor access to health care, limited access to education, weak economic opportunities and infrastructural barriers. It is here, in the government's provisions of services to disabled people that we come back to Abdullah's initial question 'who is disabled?' and further, how can disability be defined? The politics of disability emerges from the attempts to define and control means of discourse production. It is thus through this political engagement that we can see the struggle to construct the ideal state.

## ***The Language of citizenship***

Biological citizenship has been used by Petryna to describe the call for collective compensation to individuals who have been injured through the Chernobyl disaster. Biosociality has been proposed by Rabinow as ‘collectivisation organized around the commonality of a shared somatic or genetic status’ (Rose 2007: 134). I would like to draw attention to uses of biological citizenship such as these in which *conditions* constitute instances of collectivising. These conditions are understood to be negatively construed biological ‘differences’ or potentialities (as in the case of exposure to radiation). Rose construes all citizenship projects as encompassing biology as ‘biological presuppositions, explicitly or implicitly, have underlain many citizenship projects, shaped conceptions of what it means to be a citizen, and underpinned distinctions between actual, potential, troublesome and impossible citizen’s’ (Rose 2007: 131). Rose notes the evolution of citizenship projects—‘the ways that authorities thought about (some) individuals as potential citizens, and the ways they tried to act upon them in that context’ (Rose 2007: 131). Citizenship, he claims, was fundamentally national. The terms biological citizenship and biosociality shed light on the relationships between individual and their collective identity as individuals united through a shared condition (condition taking a slightly negative sense here) that determine how these collectivities orient themselves toward the state. Biological citizenship in this sense is a special citizenship, different from entitlements of citizenship otherwise provided to individuals who do not have a ‘condition’. Within modern nation-states, more ‘ordinary’ claims of citizenship are assumed and serve as a baseline from which additional claims of ‘biological citizenship’ are built.

The collectivisation of people with conditions entails the inability to function ‘normally’ and thus the need to claim status as a special group that deserves recognition within the law. Collective organizing around any shared physical, genetic or biology connection is not an instance of biological citizenship per se. Biological or somatic connections—bloodlines and race—are constitutive of many citizenship projects. For example, cognatic kinship can be construed as biological, but would not be considered instances of ‘biological citizenship’. Biological citizenship is not merely a strategy for ‘making up citizens’ imposed from above, but rather ‘languages of citizenship have shaped the ways individual understand themselves and relate to themselves and to others’. Sharing certain kinds of biological identifications make certain kinds of ethical demands possible (Rose 2007:133). Biological citizenship is a search for acknowledgement of physical injury and compensation for it.

The distinction that needs to be highlighted in the Lebanese case is that the instance of claims made on the state through the ‘biological citizenship’ of disabled people in the LPHU arises not because the state does not care for individuals who are disabled, but because this care is not seen to be adequate or correct. The state provides public health measures for disabled people through their ‘rights and access’ programme that is run through the Ministry of Social Affairs. With that said, the state does devolve responsibility for the care of disabled individuals to family and charitable organizations. The claim to biological citizenship is for a specific type of care for the disabled that entails a ‘modern’ approach to disability.

### ***Methodological Limitations and Ethical Considerations***

[E]thnography that begins with the self is suspect as leading to a kind of digression from the proper subject of research—the Other. Self-reflection in this mode, is useful only to recognize bias and the effect of subjectivity so as to neutralize it (Marcus 1998: 15).

Within the literature on disability, there is an emphasis on the politicisation of the bodies of disabled people. Emma Stones and Mark Priestly (1996) go so far as to say that all research involving disabled people must be political and should be 'emancipatory' in nature, following the lines of 'feminism and anti-racist research' (1996: 705). They also emphasise the 'personalising of the political and the politicising of the personal' (ibid.: 704). Stones and Priestly have named 'the personal as political' as part of the 'six core principles of the emancipatory research paradigm' (1993: 706). While morally enviable, the activist approach often leads researchers to a level of identification with their objects/subjects of study that, rather than pursue the admittedly unachievable aim of neutrality, fully embraces one specific perspective.

Csordas states that the point of 'ethnographic discourse is not to make a better representation, but to avoid representation. He suggests that ethnography would be better to 'evoke' rather than 'represent' (1994: 10). Throughout this thesis, I am aware that the ethnographic description I present, cannot capture, or 're-present' the realities of my, or my informant experiences. My position within this research project is neither that of a disabled person nor as a disability rights activist. The people that I worked with quite often expected me to be an activist within the field and subsequently in the ways I wrote about disability in Lebanon. Within my writing, I am positioned (as much as possible) as a researcher, analyst and reporter of the ways people negotiated their relationship with one another. I positioned myself within certain domains while at the same time seeking out alternative perspectives. Methodologically I used stories or explanations that I knew were contrary to commonly held beliefs in order to stimulate discussions and to elicit more nuanced understandings of topics. In many parts of my experience, I could not remain neutral.

Nor was I always able to remain neutral towards the people I worked with and spoke to.

I have been as careful and as self-reflexive as possible to represent my informant's experiences, but have allowed my voice and stories of my experience as an ethnographer, woman, student and foreigner to come through in the text. I have done this to expose the personal experiences that shaped my arrival at certain types of knowledge. While I was in the field, I was able to learn the Lebanese dialect and could speak Arabic within everyday contexts. Despite my knowledge of Arabic, many of my interviews were conducted in English and when the interviews were conducted in Arabic, I used a translator to ensure that I got the most out of them.

Lebanon has three major languages, Arabic French and English, which are widely used. The use of English and French carried with it a type of social capital. If a Lebanese person spoke a language other than Arabic, they were often keen to use it with me to show off their knowledge of a second language. I witnessed this many times when I spoke in Arabic, and the person with whom I was speaking would proclaim, 'I know how to speak English!' The predominant use of English aided my informants and me to speak and understand each other. There were many instances where English failed to capture the full meaning, and informants used Arabic terms. I have noted these usages throughout the text.

No field study or ethnography can claim to provide a complete picture in which all people and all voices are presented. In all works, data is carefully selected to illuminate certain issues rather than others. In choosing what to focus on in this thesis, I have tried to let the inconsistencies, and points of tension in my informants' words and experiences come through. I have tried not to flatten or make their stories fit together in order to make a coherent narrative of experience. On the contrary, the



tensions, which arose between the different disability groups, their different perspectives on the body, the state and society can only add to the understanding of this complex subject and country.

### ***Outline of Chapters***

In Chapter 2, I discuss two of the most powerful and pervasive social institutions in Lebanon, namely sectarianism and the state. Sectarian connections affect social inclusion and personal identity. For this reason I have spent time exploring the historical development of sectarianism. Cultural ideas about disability have shifted through time, but many of them still affect the ways that people think about disabilities. The attempt to control disability is engaged with discourses of modernity. This chapter argues that modern and ‘politically correct’ notions of disability have not fully supplanted older ways of thinking about disability. Rather, disabled and non-disabled people alike utilise certain ideas of disability at different times. The multiple histories of ‘disability’ provide avenues through which people with ‘differences’ can negotiate a place within the social, political and economic order.

Chapter 3 examines a group of informants who became disabled in adulthood and experienced dramatic shifts in person and selfhood. As a result, these men and women navigated their way through their altered ‘state of ability’ by working through and against ideas about ‘disabled people’. Their identities were connected with their bodies. Their bodies provided a challenge to their social identity that they continuously had to work through, and often against. Finally, I evidence the political positioning of these people in regards to sectarianism; some sustained their wounds because of the war and yet deliberately chose not to be identified as war-wounded.

The process of negotiating disability, it will be argued, essentially acts to redefine disability, from a stigmatised to a socially acceptable identity.

Chapter 4 examines my main site of research, the LPHU, and focuses on their formation as an associational community built around the notion of *physical* disability. I consider how their human rights approach to disability made manifest the fissures within Lebanese society and state. Their approach to disability was to attempt to bridge the gaps between people belonging to different sectarian groups, aiming to create 1) disability as a political identity and 2) a model of a plural and inclusive society capable of fully integrating disabled people.

Chapter 5 concerns *Bayt Shebab* and the stories and experiences of the men and women who live there on a permanent basis. One of the interesting aspects of *Bayt Shebab*, that I explore in this chapter, is the question of why these men and women have not left the hospital and returned back home. Many of them have lived in this hospital from the time they were injured, almost 30 years ago. Strikingly absent from their stories was an engagement or identification with disability. Instead, issues of family, state and community were brought to the fore. Here I suggest that the state's continued financial support for the war-disabled created an environment where they could re-create themselves as good and honourable soldiers, who had defended their families and communities.

## Chapter 2: Disability, the State, and the construction of difference

As noted earlier, the experience of disability is complex and the simple formula ‘society is oppressive, thus people with impairments are victims of social oppression’ does not hold true. In fact, disability is caused by a number of factors and thus can be negated in many ways. The state is one of the major factors influencing disability, and will be the topic of this chapter. In what follows, I examine the relationship between the state and disability, and in particular the processes of classification through which people with physical impairments are labelled as disabled, and in some cases, label themselves as disabled, in order to gain social, political or economic benefits. This chapter will look at how and why disabled people may choose to adopt the administrative label of disability, and will hypothesise that one of the reasons that the disability rights movement in Lebanon encourages disabled people to adopt this strategy is because it creates a type of ‘critical mass’ from which an identity and political force can be created. Jane Cowan’s observations on the ‘making’ of a Macedonian minority in Greece are illuminating here as she suggests that an oppressed, minority group’s struggle for distinctiveness can act to define the contours of that distinction. In her words, ‘Claims for the recognition of the [...] minority, its culture and its human rights, have therefore not been simply *concurrent with* its construction as a novel cultural-legal category and socio-political constituency; *they have been the very means of that construction*’ (Cowan 2001: 153-154). By observing the ways in which the label of ‘disability’ is unified, one will be better placed to understand ‘biological citizenship’ and the LPHU’s claim to collective compensation.

Robert Murphy, documented his 'descent' into the world of disability where he noted that 'disablement is at one and same time a condition of the body and an aspect of social identity—a process set in motion by somatic causes but given definition and meaning by society. It is pre-eminently a social state' (Murphy 1987 [1990].: 195). As a social state, disability, the various ideas about disability and the subsequent evolution in approaches to social care of individuals within this category suggest that disability is an 'interactive' (Hacking 1999) kind. Hence, more ethnographically nuanced studies of disability can contribute to an understanding of how certain *kinds* of people, i.e. the disabled, interact with, modify and ultimately replace certain classifications (ibid: 103). 'We also experience ourselves in the world as being persons of various kind' (ibid.). Thus as Hacking notes, individuals who are classified within these categories often have not only a personal, but also, a shared awareness which has been developed within a group of people, 'embedded in practices and institutions to which they are assigned in virtue of the way in which they are classified' (ibid.:104).

The process of category construction in relation to the state in the form of collective compensation can be seen in Kohrman's article '*Why am I not disabled?*', where he highlights the struggle to gain the administrative label of disabled. In this example, people with minor impairments seek to gain the label of '*canji*' (disabled) in order to guarantee their jobs through the government-instituted quota programme for the employment of disabled people. The work programme, which was geared toward ensuring that disabled people constituted 3% of the workforce, was instituted during the post-Mao period in the People's Republic of China (PRC). Kohrman's work shows not only that disability is a label which people can work *through*, but also that the meaning of the category has evolved in tandem with administrative

categories. By using the phrase ‘working through’ I mean to imply that not all individuals or groups reject the label of disabled, but rather use it to their advantage. He suggests that a universalising category of ‘disabled’ is a modern phenomenon and one of the ‘institutional artefacts’ of modernity and the modern nation-state (Kohrman 2003: 6). Following this notion that the category of disability emerged in conjunction with the administrative concerns of the modern nation-state, I will argue that what appears to be a ‘standardised’ and ‘homogenised’ category in fact covers a wide range of approaches to, and experiences of, ‘disability’. Thus, I look at the homogenisation of disability politically and administratively and contrast this with the individual experience of disability. By exploring the tensions between these various categories, I will tease out the nature and implications of these labels within the Lebanese context and highlight the power and importance of this ‘politics’ of disability.

Any discussion of the creation of ‘disability’ in Lebanon must take into account the civil war, which not only ‘produced’ disability in a tangible sense, but also brought war-wounded individuals into particular political relationships with the state. The emergence of sectarian care institutes established exclusively for the war-disabled thus acted as the impetus to action for the ‘naturally’ disabled.<sup>16</sup> By examining the civil war as the catalyst for the emergence of the Lebanese Sitting Handicapped Association (LSHA), which was the precursor to the Lebanese Physically Handicapped Union (LPHU), I will unravel the various tensions between the LPHU, the state and other disability groups. Furthermore, this chapter will suggest that disability has in fact been one of the key issues through which the Lebanese state has sought to manifest itself as a ‘modern’ state. With its practices of

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<sup>16</sup> Following Joanna Bourke (1996), the term ‘naturally’ disabled refers to congenital types of disabilities, in contrast to ‘war-disabled’ which refers to those disabilities resulting from war.



rehabilitation, the state can, however, be seen to be at odds with non-governmental approaches. Of relevance to subsequent chapters is the manner in which rehabilitation and other approaches to disability, such as political lobbying, produce different subjectivities that in turn produce certain types of persons. 'Rehabilitation', according to Turner, "is a form of governmentality that orchestrates various medical and welfare practices that aim to create a *rehabilitated person*" (Turner 2001: 253, *emphasis mine*). Compared to a politically active disability rights advocate, the state's discursive production of a 'rehabilitated person' has greater implications as state and religious institutions are also part of the production of 'rehabilitated bodies' within a moral economy. The word 'institution' here represents both state institutions such as the Ministry of Social Affairs (MOSA) and the laws that pertain to disability. Other institutions include apparatuses of power such as churches, hospitals and rehabilitation institutes. One of the central concerns of this chapter is to highlight the perceived responsibilities of the state toward disabled individuals, including access to education, employment and social services.

I have used relevant examples from the United States and Great Britain to draw out points of similarity and of contrast between the Euro-North American and Middle Eastern contexts. In the concluding section, I offer a discussion of the implications of the government's engagement with disability and I suggest that the inclusion of disability in the state agenda since the end of the civil war can be seen as a means to create the state. In connection with Lebanese state projects, Gilsenan has noted that "modernisation" has been an important weapon in the transformation of political authority (Gilsenan 1996: 68). Here, I will consider different forms of disability care and examine the extent to which they can be seen as struggles toward a specific state narrative of modernity.

## ***March and Sit-in***

What follows is an event I recorded in my fieldnotes. It is an example of one of the many ways in which the LPHU attempted to publicly engage the state and society. Through public processions like this, the members of the disability rights movement work to assert their demands on the state and to keep their issue within the scope of the state's responsibilities.

In July of 2004, around 100 people took to the streets of downtown Beirut in protest against the non-enforcement of the law that was designed to protect the rights of disabled people, Law 220/2000<sup>17</sup>. The protest was to begin in a parking lot about half a mile from the parliament building where the protest would end and speeches be made, addressed to the MPs inside the parliament building. As part of the LPHU, I attended this event and will briefly describe the protest, as the form and content of the march speak to some of the central issues within this chapter, namely the relationship between the state and disability.

I arrived by taxi to the parking lot where everyone was to meet. I saw many buses, but I could not find the protesters. The buses had clearly been hired to bring people from all over the country. After speaking to people later, I discovered that there were many people who had travelled from the South of Lebanon and many groups from the Beqqa valley. I followed the people getting off the buses to the main area where the marchers were congregating. I asked around for Sylvana, but found that she was very busy with people all around her. Others from the LPHU came over to make sure that I looked like I was one of them. One person gave me a hat and apron to wear (but which I had to promise to give back) which had the '3% Every Percent Counts' logo on it. This referred to a clause within Law 220 that requires that

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<sup>17</sup> Hereafter referred to as Law 220

Lebanese businesses of a certain size to have at least 3% of their work force consisting of disabled people. I donned the cap and the apron so as to look like I was part of the demonstration rather than a bystander, while musing to myself that every little bit did count when there were so few people participating in the protest. Others wore similar hats and aprons and many held the Lebanese flag. It was important for us to look like we belonged together, like we represented one cause and one nation. Following the slogan 'Every Person Counts', one of the objectives of the march was to give the impression of numbers.

Although the protest had been planned for a while, the march itself was slightly disorganised. People were waiting for directions from someone, but no one knew from whom. While I waited, I made small talk until the order was finally given, then excitedly we all began moving together as one crowd. Some of us walked unaided, others ambled through the streets on crutches, and others, like my friend Boutros, were being pushed or were wheeling themselves in wheelchairs. Sylvana, who had placed herself at the head of the march, used a bullhorn to begin chants. As the protest made its way slowly through the streets, it brought the late morning traffic to a halt, but instead of displaying anger the commuters honked at us and gave us many 'thumbs-ups' in solidarity. However, after 15-20 minutes, the march began to break up as some people moved more slowly than others. Those who were able to move more quickly arrived at the parliament building much earlier than the slower-moving. In the end, marchers at the tail-end like myself, came to look less like a part of a mass movement and more like a lost tour group walking through the city streets.

Eventually we found everyone else at the steps of the parliament where Sylvana's speech was blared through the bullhorn to the MPs inside the Parliament. The speech addressed the continued inaction in connection with Law 220, the law

that provided the legal mechanism for the provision of rights to disabled people. The speech brought several MPs to the steps of the parliament where Sylvana asked for them to call a meeting of the General Assembly to discuss the implementation of the law. The MPs agreed with the group that disability should be high on the agenda and that a meeting ought to be called. This march and 'sit-in' was a way to engage the public, but in the end, did little to change the provision of employment for disabled people. But rather than seeing this march as a failure, it was regarded by those participating as a success in that it brought together many different NGOs, Human Rights groups and community based organisations from varied religious and socio-economic backgrounds.

Law 220, while being well-intentioned, has yet to be implemented as the operational frame and mechanisms by which to enforce it are lacking. As such, it is much like a symbolic token that is used by both the disability rights groups and the Lebanese state. In consideration of this law and the various appeals which the LPHU makes to the Lebanese state for 'rights', several aspects of disability in Lebanon are particularly noteworthy. The first aspect is the manner in which a group of disabled people, consisting of individuals from a variety of different religious factions, socio-economic backgrounds and ages, came to reject local notions of disability and local forms of disability 'care', and instead form a single group covered by the term 'disabled', who share a specific aim of attaining 'rights'. The second noteworthy aspect, pertinent to the focus of this chapter, is the way in which social care (welfare) is actually distributed. As I will show, the distribution of social and economic resources is distributed through channels that are oriented toward kin and other forms of relatedness such as religious affiliation. But why would the Lebanese state introduce a law that cannot be implemented?

## ***The State's construction of Disability***

In the following section, I address this question by first considering the development of the English Poor Laws. I use this example as many ideas of the disability rights movement in Lebanon are an imported discourse from the US and the UK. These laws accordingly have an implicit bearing upon Lebanese disability development. In England, the Poor Laws were an important step toward the development of the administrative category of 'disability' as a distinct category of people who were able to legitimately seek state benefits otherwise unavailable to the 'able-bodied' population. I will contrast this with the emergence of 'disability' in Lebanon and the ways in which the rights and privileges bestowed upon this category of people changed as the state emerged from the civil war.

Stone's (1984) work shows that disability functions as a privileged category within the context of the welfare state. Through its engagement in disability, and thus the act of defining disability, the state possesses the ability to determine "what is expected of the nondisabled—what injuries, diseases, incapacities, and problems they will be expected to tolerate in their normal working lives" (Stone 1984: 4). The Poor Laws were established in 1601 (ibid.: 29) and codified the acceptable reasons for non-participation in the labour market. Earlier laws addressed the problem of vagrancy by setting 'territorial limits on begging' and required that begging only be practised by those certified to do so; the aged, the impotent poor, the lepers and other 'bedridden creatures' (ibid.: 36-37). The poor and pitiful creatures were to be cared for by the church and "local officials were to coordinate the collection and use of funds from voluntary almsgiving...Individual alms giving was generally forbidden; instead, people were supposed to put their money into a common box to be dispensed by the local officers", but the laws made exceptions and individuals were still



allowed to give alms to the blind and lame (ibid.: 37). Here one can see the state beginning to consolidate and control the distribution of financial support to individuals who were not obviously disabled (such as the blind and lame). The state specifically regulated against giving alms to beggars who they suspected of trying to opt-out of the work-based system. The development of the Poor Laws marked the state's codification of criteria for the legitimate exemption from the labour market and also, the consolidation of institutions (in this case, the church) which had the role of caring for needy people. During this period, parishes were authorised to license the poor and to require them to wear badges. Once individuals were registered with a particular parish, they were only allowed to take alms and services from that parish. At the same time, individuals who broke vagrancy statutes were branded, thus "adding another instrument of control to the existing system of discrimination between legitimate and illegitimate beggars" (ibid.: 37).

In 1834, the Poor Laws underwent a set of reforms that established a centralising welfare assistance program whereby only individuals who had been part of the work-based system could claim benefits (ibid.:40). The production of categories of individual bodies, whose exemption from the work-based system for the purpose of general wellbeing, echoes Foucault's (2003) ideas relating to the notion of discipline—a technology of power which produces individualising effects, increasing both productivity and the efficiency of labour. Thus the pension policy was anchored 'to the incapacity to earn or to certain recognised diseases or handicaps' (Stone 1984:66). The English state had a stake in determining who was to be legitimately exempted from the work-based system. Defining disability and caring for people within this category supported the good of society without undermining the work-based system on which the state depended. The state clearly had a financial

incentive to regulate the welfare system, but it is not altogether clear what reasons the state had for categorising those who were not able-bodied.

By way of contrast, the German model of social welfare was linked to the inability to earn a 'certain amount' (ibid.). Thus, the disability category is used to define the degree of labour mobility within the occupational and social structure. Stone argues that in the German system, disability was used when 'an occupational change would result in "too great" a social drop'. The system is designed to preserve the existing social hierarchy as this system protects a person who has already earned in the work-based system (ibid.).

One reason as to why the state concerned itself with those who were not able-bodied may be derived from Foucault, who outlines the "utopia of the perfectly governed city" (Foucault 1975 [1995]: 198). In this ideal city, each individual would be assigned his "'true' name, his 'true' place, his 'true' body, his 'true' disease" (ibid.) so as to ensure an 'economic' (ibid.: 218) functioning of power (i.e. to increase the 'utility' of society) toward its continued governance. Here, 'economic' is not only applied in a financial sense, but also refers to a sense of an 'orderly' and 'methodical' functioning of power. In the Poor Laws, we can see emerging what Foucault described as the "state-control of the mechanism of discipline" (ibid.: 213). The naming and categorising of individuals in this sense was seen as the most efficient means of governing society. In Foucault's terms, it was also through the organised surveillance and segregation of individuals, and quarantine of the city during the plague epidemic, that disease could be controlled. The segregation and quarantine of people from the 17<sup>th</sup> century onward may not have had the effect of actually stemming the spread of the plague, but instead, acted to reassert sovereign power by inscribing it upon individuals and communities. The institutions of power

which have the ability to name categories of people created ‘subjects’ through their ‘gaze’.

The Poor Laws can be seen as part of the trajectory of sustaining power in the labour markets through the control and identification of individuals who were invalid, old, or in childhood. With the need to determine who was legitimately unable to work, the Poor Laws was an apparatus of power which was aimed at identifying and controlling individuals. The panopticon on the other hand represented a more economic and efficient discipline “as a device which was used to ensure the spatial distribution of individual bodies (their separation, their alignment, their serialisation, and their surveillance) and the organization, around those individuals, of a whole field of visibility. They were also techniques that could be used to take control over bodies” (Foucault 2004: 242). In essence, the panopticon was the economisation of the identification and control of individuals and was in Bentham’s eyes, the ideal *solution* to the Poor Laws. Through the panoptic power of surveillance, morals could be reformed, ‘health preserved—industry invigorated—instruction diffused—public burdens lightened—Economy seated, as it were, upon a rock—the gordian knot of the Poor-Laws not cut, but untied—all by the simple idea in architecture!’ (Bentham cited in Foucault 1975 [1995]: 207).

Here we see a reciprocal relationship between the functions of power and the state. However, Foucault cautions not to believe that “all disciplinary functions were confiscated and absorbed once and for all by the state apparatus” (ibid.: 215). The possible distribution of disciplinary functions, i.e. the potential for institutions of discipline outside the state, suggests that alternative subjectivities can come into being.

Rose notes that the reshaping of the way in which persons are understood by ‘authorities’ organises the interpretive gaze of professionals and ‘experts’, thus delimiting the boundaries of those who get treated in a certain way—“in punishment, therapy, employment, security, benefit, or reward” (Rose 2007:140). Disability is a category which has not been free from the interpretive gaze of professionals and authorities. The English Poor Laws were an instance when a certain category of people came to be identified and labelled as ‘disabled’; the example shows the increasing concern with ‘keeping society working’ and how a work-based system created the classification of ‘disability’. ‘Disabled’ people were thus given financial assistance and privileges, such as the *exemption* from work and from military service, by the state.

Disability is now a common and everyday category – so much so that what disability means, who is categorised as disabled, and its change over time, has been taken for granted by those outside of disability studies research. Should it not puzzle people that disability has come to refer to a disparate grouping of individuals who may not necessarily share anything in common except an inability? The emergence of a category of people, who are submerged under a collective label, namely ‘disabled’, should not be taken for granted. By tracing the development of the category of disability, one can find the emergence of a political identity which was brought about in resistant to the modern nation-state’s notion of disability.<sup>18</sup>

### ***The Lebanese Civil War and the Emergence of ‘disability’***

While 18<sup>th</sup> and 19<sup>th</sup> century examples may illustrate how the British state was engaged with the construction of disability, they do not shed light directly on the issue of how the Lebanese state was engaged in the process of creating the category

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<sup>18</sup> This is echoed in Kohrman’s work (see 2003 and 2005).

of disability. I will now turn to this subject to examine one of the most important aspects of the emergence of disability care in Lebanon: the civil war. The civil war lasted almost 15 years (1975-1990) during which large parts of the country were destroyed and communities which were religiously mixed became divided along religious lines.<sup>19</sup> One of the most basic and primary ways in which disability and the civil war are connected is that the war was a *producer* of disability. Snipers, landmines and other military tactics left the bodies of civilian and soldier alike maimed and mangled. The civil war claimed 150,000 lives, caused 200,000 injuries and left 50,000 people with serious disabilities (UNDP 2003: 20). Thus the war created categories, which I will refer to as the 'naturally disabled' and 'unnaturally disabled' (war-wounded). The direct increase in the number of disabled people during the war brought about an awareness of the issue of disability, which had an immense impact on *all* types of disability. Disabled people could no longer be separated and excluded from society by virtue of any real or imagined difference. Now they were the very people who fought and defended their communities. The increased awareness of war disability brought about an orientation toward the care of these individuals. Hassan, a man I met at *Bayt Shebab*, narrated his understanding of how *Bayt Shebab* came into existence. Hassan had been eighteen years old when he was fighting in the civil war.

I have lived in *Bayt Shebab* from its beginning in 1977 but I first came here in 1976 when I was eighteen years old. When we first came, we didn't have *Bayt Shebab*. We only had a little house at *Bahar ij-jesh* where they kept those that were handicapped from the war. But after a year they spoke with a priest in *Kasleek* to see if they would give us this land. Before there was *Bayt Shebab*, it was just a school here and it wasn't big like it is now. It was Pierre Gemayel who spoke to the father at *Kasleek* to see if he could get this land here so we could put the handicapped here. [It was agreed] and we came here, all the

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<sup>19</sup> Joseph's (1983) work on women's networks in a working-class suburb of Beirut has shown how intra-sectarian networks became reorganised along sectarian lines during the beginning of the civil war in the 1970's.



handicapped from war. We came here about two years. We don't do anything. There was no medication, no physiotherapy. We were all wounded in the war. Then after two years, they told us that they wanted to do a hospital. A *foyer*. After then it became like a hospital around 1982-1983. Then people from everywhere [began] to come.

During the war, individuals who were wounded in fighting were not first thought of as disabled, but instead, as men who were injured. Those who were becoming disabled were not considered as disabled individuals, but rather, as militia fighters who had become injured and whose identity needed to be protected. The war-wounded were first cared for through 'safe houses' which were eventually transformed into non-sectarian rehabilitation institutes, taking people from all sectarian groups and religions. Being wounded during the Civil War made an individual an obvious and easy target for political enemies, hence the need for protection. It was through this initial privileging of the war-disabled that an awareness of the inequalities in the treatment of this group and the 'naturally disabled' arose. From the perspective of those who were first active in the disability rights movement, it seemed as if only wounds sustained in war elicited the attention and concern of 'the state'.<sup>20</sup> In addition, the manner in which Hassan narrated and understood the emergence of *Bayt Shebab* emphasises the intimate relationship between the Lebanese Forces militia and the Church. These 'babies of the militias', as the care-institutions were referred to by many Lebanese disability rights groups, were thus born out of the sectarian militia's need to not only care for their war-wounded, but also to provide them with a 'safe house' where they would be protected lest their identities be revealed.

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<sup>20</sup> Throughout the civil war, the functions of the 'state' were taken over by the militias whereby leaders of the sectarian militia groups comprised the government. While the use of the term 'state' here is not particularly accurate, I use it to refer to the overall functions and authority which was vested in the sectarian groups during the war as access to resources flowed through sectarian channels. For more on this topic see Picard (2000).

The relationship between disability and war in Lebanon resonates with the experience of other modern wars. During the First World War, the soldiers returning from the field with failed and limbless bodies not only suffered from their physical loss but also found themselves thrust into a vast group of ‘naturally’ disabled people (Bourke 1996). Furthermore, Bourke suggests that war, as a generator of disability, did not just influence disabled service men, but the ‘naturally’ disabled and non-disabled population of Britain as well. In Britain, the war “gave impetus to the development of health services and enhanced the status of medical professionals” (ibid.: 33). As the war-disabled returned home and joined the wider population of disabled people, organisations that dealt with these different disabled populations were merged. In Lebanon, the merging of the war-disabled and disabled identities was not effective because sectarian groups still funded their own disability groups. These groups are now expected to provide services across the sectarian divide, but the influence of their sectarian roots cannot be denied. Disability organisations in Britain after WWI experienced radical changes as a result of the influx of war-disabled people’s return to the general population. The war disabled most certainly changed the light in which all disabled were regarded within society (ibid.: 41), and while disabled veterans were perceived as ‘brave poor things’, the naturally disabled were merely ‘pitiful creatures’ (ibid.: 43). Bourke argues that Britain was morally obligated to repay the debt to those who had sacrificed their bodies in defence of the nation, but this obligation did not extend to the naturally disabled (ibid.: 41).

Again, in this example one can see the tensions between the ‘naturally disabled’ and the ‘unnaturally disabled’ growing as governments instituted care schemes for their disabled soldiers. In Britain the state not only provided pensions, but also felt obligated to provide disabled service men with expensive artificial

limbs. In Lebanon, state-organised 'safe houses' were turned into rehabilitation hospitals and long-term residences for soldiers. The dependence by disabled people on the state is a salient issue and the eventual transformation of militias into the Lebanese state after the civil war means that the care of disabled people is deeply entangled with the political economy of the state.

The first statute on disability in Lebanon, from 1973, called for the government to establish a 'National Council for the Welfare of Disabled People' which assumed responsibility for the medical, vocational and social needs of disabled people. This council rarely met from 1973-1975 and ceased functioning with the outbreak of war in 1975 (Kabbara 1997: 51). During the course of the war, in 1978, government created the Ministry of Labour and Social Affairs for which disability was one of its mandates. This ministry later became the Ministry of Health in 1983. However, two years after the end of the civil war in 1992, the new government decided to adhere to the United Nations World Programme of Action on behalf of disabled people (ibid.). The UN programme called for the provision of employment for disabled persons in both the public and private sectors. Between 1994 and 1995, the Ministry of Social affairs began issuing a 'disability card' which would assist disabled persons in obtaining facilities and concessions in areas such as public transport and medical care. The National Committee for Disabled Persons (NCDP) was instituted in December 2001.

While I was not able to obtain the exact number of disability groups in Lebanon, there were at least 205 registered with the Ministry of Social Affairs (MOSA) in 2005. MOSA was established in 1994 through technical and financial support from the UN Population Fund, in collaboration with the Ministry of Information. MOSA provide services and care for what are regarded as some of the

most vulnerable groups within the population; children, the elderly and disabled people. Some of the groups they fund are: Al Zawrak Association, Arc-en-Ciel, The Lebanese Disabled Association, The National Association for Disabled Rights and The Specialised Sports Club Association for Persons with Motor and Mental Disabilities.

An individual or organisation that was registered with MOSA can claim government support benefits from their disability card scheme. According to the CEDAW report, in December of 2003, 46,610 people had been issued with a disabled persons card (CEDAW 2005: 75). The disability card programme was instituted by the Ministry of Social Affairs as part of the 'Rights and Access Program' in 1994 in order to ensure that disabled people would be provided with help and assistance from the government on the basis of 'rights' rather than charity.<sup>21</sup> The avowed long term goal for the programme was to 'transition...individuals with disability from the state of "marginalisation" they are experiencing to "total integration"' and to 'transform the relation with "disability" from "charity work" based on principles of "kindness and sympathy", to "rights and duties" based on well organized, professional work' (MOSA).<sup>22</sup>

A professor of Social Work at McGill University and member of the LPHU, Samantha Wehbi, estimates that there are 46 specialised care institutions which are supporting the education of disabled people in Lebanon (2007: 69) and 6000 disabled residents of care institutes (ibid: 70). Some of these disability institutions specialise in a particular type of disability as it is often thought that their greater familiarity with that disability better equips them to assist with the specific associated needs.

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<sup>21</sup> <http://www.socialaffairs.gov.lb/ShowPage.asp?spID=1209001> (Accessed January 3, 2009)

<sup>22</sup> Ibid. Inverted commas in original.

According to the LPHU, many of the early residential institutions in Lebanon emerged in the nineteenth century and have carried on into the present day because of government financial support.

After independence, the Lebanese government continued to fund increasingly large institutions, linked to religious sects. Institutions still play a key role in the government's response to the problems of poverty and vulnerability, and ensure that sectarian groups have a key role in managing those problems (ibid.: 3).

While sectarian groups organised care for the war-disabled, a parallel approach emerged during the 1980s. This was characterised by an orientation toward disability rights for all disabled people, not just the war disabled. This group, the LPHU, was largely antagonistic toward the militia-based groups as non-war disabled people were not receiving support from the 'state'. This approach spurred a burgeoning disability rights movement? to think differently about disability and the responsibilities of the state. In this mode of thinking, militia-based disability groups, like *Bayt Shebab*, were seen by many to be encouraging sectarianism and the sectarian divide rather than encouraging disability rights. The care of disabled militia soldiers was seen by the LPHU to exclude disabled people from society because they were kept in isolated institutions. Abdullah, who is a staunch disability rights advocate, made this statement about the 'babies of the militias':

Organisations like *Bayt Shebab*, Sarafand, Saleem Islam. Each one of them represents a sect. And at the same time as we were growing, they were also growing in power. And if you look at where we are now, they are stronger in terms of the state, and we are stronger in terms of the street. Okay?

We are the ones who can come to the streets and ask for our rights and they are getting money from the state. Why? Because the state is very traditional, and it is under the leadership of traditional leaders. Where as us we are supported by international funding agencies that are coming here with a new paradigm of rights approach.

Groups like us, who are non-sectarian, are working for the disability movement, where we don't care who you are, we just care about your rights as a person with a disability. Where as you have the other organisations, every



one of them, within their own sect work, the need for social security within the sect. For instance you have *Bayt Shebab* caring for people of Lebanese Forces. In Sarafand, you have people caring for the militia of Amal and others. But we are the ones caring for them all. We are a challenge for each other. We don't like them, but we live together.

The sectarian discourse is based on the idea that sects should have their own organisation. And every sect is basically religious and a religious discourse is not based on a rights approach. We are one of the few groups that are non-religious by nature.

We are not able to impose our ideas of a rights discourse on the country because the whole country is not based on individual rights approach. It is based on sect's rights. When most people think about who takes care of them they are thinking of their community and their church or mosque.

While Abdullah's tirade concerns the wonderful things that the disability rights movement is doing, and the shortcomings of the sectarian groups, it should be noted that disability rights groups like the LPHU are *not* able to financially provide for disabled people. Their main function is lobbying and advocacy. Even though Abdullah sees the sectarian groups as being based on negative religious discourses of disability, the sectarian groups *are* able to provide financial and social support for the disabled people within these organisations.

The grievances of the 'naturally disabled' in terms of unequal treatment are derived from only people who fought for a sectarian group were receiving care and attention. This in turn acted to shape the disability rights groups' approach to physical impairment according to which all disabled people would be considered equal and with the same access to rights. It is thus in relation with, and opposition to, the war-disabled that an alternative approach to the conceptualisation of disability and rights emerged. Not only was the rights movement opposed to the category of war-wounded, they were also opposed to the apparently religious 'tone' of the sectarian approach to care. The land on which *Bayt Shebab* was built, for instance, had been bequeathed to the Lebanese Forces by the Maronite Church. Religion, and

by extension sectarianism, has indeed proven to be one of the most difficult challenges for the disability rights movement to overcome.

### ***Disability and the Construction of the State***

War leaves its mark not only on the landscape, as has been the case in downtown Beirut, but also on the bodies of the people who lived and fought through the conflict. Anne Becker states that 'the corporeal form registers the personal and social history that forges it' (Becker 1995: 27). There is no more poignant example of the entanglement of war, memory and embodiment than the Martyrs' Square statue which stands in Downtown Beirut. This bronze statue consists of four figures perched atop a white, marble base. The central figure is of a woman in a flowing robe-like garment, which stands beside and appears to embrace the bare-chested figure of a man. This statue and the square in which it has been erected have held special importance for the Lebanese. Martyrs' Square was the frontline of the civil war and, during the time of this research, had once again become a 'frontline' for a national struggle, but of a less violent kind.

During the civil war, the Martyrs' Square statue sustained extensive damage; the bronze figures were shot through with bullets and torn apart by shrapnel from shell explosions. When I arrived in Beirut in early 2004, I was told that the statue had been removed during reconstruction work on the city in 1997, to repair its 'scars'. However, in November 2004, it was unceremoniously re-instated in the square, in the same dilapidated state. A friend made me aware of the statue's return. He suggested that we make a visit to the square to see it, and offered his explanation for the authorities' decision to return it un-repaired. He said that the statue made a more powerful statement with its visible injuries; its amputated arms and torsos riddled

with bullet-holes. While no one else I encountered spoke about the statue in this way, the idea that it had been removed to be repaired but was returned un-repaired, suggested to me that it did in fact bear several layers of which were heightened by the Martyrs’



**Figure 4: Martyr's Square Statue during protest**

visible wounds. Might the un-repaired statue symbolise and memorialise the wounded country torn apart by 15 years of civil war? Despite the violence that characterises it, people appear to be unable or unwilling to let the legacy of the past fade. Sectarianism is still a central form around which people organise their lives, whether in resistance or compliance. In Beirut, the ghosts of the dark sectarian past still haunt the present and continue to resonate in many aspects of daily life. It was thus within the context of war, wounded bodies and the memory of a wounded country that my study of disability in Lebanon began.

This section of the chapter will address the question of the connection between the corporeal form and the socio-historical context that shapes it. It will also address the extent to which the civil war created a new way of imagining the nation, and the bodies of Lebanese people. In essence, I will examine the extent to which the wounds of the war (and specifically the war-wounded body) serve as embodied symbols which link people to a shared past. I turn to the sites of 'everyday life' which become 'a central domain for the production and reproduction of the state' (Navaro-Yashin 2002: 135; see also Aretxaga 2003: 398). In Lebanon, the state can be characterised as a dispersed set of relations which have

lost many of the ordering functions that produced the effect of a unitary force such as the organization of health care, education, economic production, imprisonment, and military and policing interventions, which are, in many cases, contracted to private companies; on the other hand, aid organizations, NGOs, private entrepreneurs, security companies, and warlords are acting as state and producing the same powerful effects' (ibid).

In order to explain the lack of war-disabled people in public life, and the sequestering of war-disabled into institutes like *Bayt Shebab*, I consider the extent to which the war-wounded body serves as a reminder of the trauma of the past, and the extent to

which such bodies and their symbolic capital can be, and are, used to produce 'the state'.

Paul Connerton maintains that memory is embodied (1989: 22-27). The body can become a site of political and social memories that act to create and recreate a national identity, while simultaneously creating, in part, the individual who lives in the social network. For Connerton, people create and sustain their social history through communal-performative acts. As he writes, 'Groups provide individuals with frameworks within which their memories are localised [and] we situate what we recollect within the mental spaces provided by the group' (ibid.: 37). Within this network of shared meaning and interpretation, the bonds of a social group are created and maintained. Connerton sees the body and its processes as a site for identity formation. Thus, one could suggest that the people in *Bayt Shebab* share both individual and collective histories, in which their shared bodies and stories act to reinforce a sense of communal identity.

Weiss attempts to focus on the relationship between the state at war, and the ways that the body is 'imagined'. Her study of Israeli students found that bodies were imagined differently in wartime in comparison to times of peace. The body in wartime was imagined to embody collectivism that resulted in the complete 'erasure' of individual features (1997: 815). Her study analysed the drawings produced by students at the Hebrew University in Jerusalem and Tel Aviv University when they were asked to draw the 'normal' body. The resulting bodies the children drew were what she interpreted to be more homogeneous in composition and thus representing 'war bodies'. This 'war' body is 'the utopian body, which must be without any individual particularities (including gender)—in short, nothing that can disrupt the homogeneity and harmony of the corresponding social components' (ibid.). This



collectivism, she argues, is related to nation building. Nation building in Israel, and the resulting collectivism, slowly began to shift toward individualism after 1977. This shift was generated by ‘conflicts—such as those regarding the occupied territories and the peace process—and political pluralism’ (ibid.: 816). The impact of larger social concerns manifested in the ways that the ‘normal’ body was imagined and understood. She argues that ‘the categories of the normal body and the body in war are symbols of a more general social order; they are embodiments of the dialectics of the collective and the individual’ (ibid.: 820). This dialectic created many socially informed ‘bodies’ which are assumed according to context (ibid.: 828). Weiss further elaborates this thesis in *The Chosen Body* (2002) where she suggests that in Israel there has been a national project to create the perfect or ‘chosen’ body. For Weiss, ‘the chosen body’ was a part of the Zionist nationalist project, in which Israel attempted to replace the disembodied but ‘learned, coffeehouse Jew’ with a ‘strong, militarised Jew’ capable of creating and defending the nation. Creating ‘Judaism with muscles’ is symbolic of the success of the Israeli State (ibid.: 1). This war-like body invoked the “public body” at the expense of the private, individual body. Weiss argues that ‘war...subjugated the individual body by masking its face and effacing its individual features. This subjugation resulted in a focus on what could be termed the external body.’ (ibid.: 57). This public body, she argues, is the internalised representation of a nation in arms besieged and outnumbered by its enemies. It is a body chosen in order to cultivate and mobilise feelings of solidarity.

Lutz suggests that war reflects ‘the [good] health of the state’, meaning ‘that the state’s power grows in wartime, accumulating legal power and public wealth to pursue the battle, and that it often maintains that expanded power far into the putative

peacetime that follows' (Lutz 2006: 292). She uses the example of the United States after 9/11 to illustrate this upswing in power and 'health'. The Lebanese civil war, I argue, did not show the health of the country, but revealed the fractures within it. The civil wars caused people to de-familiarise their neighbour and re-construct him or her as the enemy. Leder's (1990) notion of the 'dysappearing body' can serve as an appropriate way of conceptualising the materialisation of the state during war. Leder suggests that one's body is normally taken for granted in times of health and proper operation. During times of problematic operation however, the body comes into our awareness. One could use this model of bodily health to conceptualise war as disharmony which brings the 'state' and the contestation of the state into awareness. The Lebanese civil war did not make the state 'healthy', but it did make the state an object which was present (and contested) in the everyday.

The control of the state during the civil war in Lebanon was disputed. The various sides which were invested in this war now form part of the current Lebanese government. I often heard people saying that all of the Lebanese politicians have 'blood on their hands'. The sectarian past is a tense and potent subject. In her review article, Aretxaga refers to 'discourses of corruption' in which the question of who acts as 'state' is disputed. Here she states that '[t]he imagined state, which is supposed to provide for its citizens, seems remote and careless, not fulfilling its obligations and generating a discourse of state deficit, an insufficient state which has abandoned its citizens' (ibid.: 396). In one sense, the 'imagined' ideal state comes into being through the discontents of those who are experiencing its (dysfunctional) operation. The state (and in particular, the corrupt state) acquires visibility through highly publicised events, highlighted by the mass-media (Aretxaga 2003: 394). It is through the dynamics of 'people and movements' and through the subjective

performance, bodily excitations and public representations of statehood, that the state comes to 'exist' (ibid.: 395). In other words, the 'state' becomes present during its 'operation'. It is through the gaze of those who are objects of this 'operation' that the state as an object can be judged as either good or bad. Individuals who were mobilised through sectarian identification, armed in order to defend this identity, fought and were wounded for this cause, and are then cared for by this cause; this seems to be part and parcel of the everyday production of the state.

Makdisi, speaking of the Martyr Square, states that

There is no monument to the war in Lebanon, no public recognition, no public memorial commemorating the legions of the dead. The most obvious candidate for such a monument would surely have been the bullet-riddled statue of the 'Martyrs' of another war (Lebanon's struggle for independence) in Beirut's Martyrs' Square. But the statue was whisked away by the company responsible for the reconstruction of central Beirut, and when it was replaced— more than a decade after the reconstruction program got underway— it was quietly returned to more or less its original location, only without commentary, without an inscription, without even a passing reference to its origins or to its iconic role in the civil war as a marker of the center of the city that had become a marker of the line of division within the city: the symbolic focal point of the entire war (Makdisi 2006b: 204).

As a site of memory, the war-wounded body, like the Martyrs' Square Statue, represents the nation. Drawing on Weiss, I contend that the experience of the civil war has affected collective notions of disability. Weiss argues that during war time, 'the national territory becomes equivalent to the personal body; the body politic and the citizen become one' (2001: 38). In the Israeli context, the bodies of Israeli soldiers are conceptualised as 'strong and powerful' whereas in the Lebanese context, the fighter is represented by the torn and broken Martyrs' Square Statue. The Martyrs' Square statue - which was not repaired - articulates a commitment to remembering the past, and the collective experience of war. But, if broken bodies are to be part of a collective memory, why then are disabled people in *Bayt Shebab* not an active part of public life? Why do they seem to live within what might be called 'a

zone of social abandonment' (Biehl 2005)? An answer to these questions may be found from a consideration of the Martyrs' Statue and the possibility that it represents the wounded nation. Following from this logic, the bodies of individual soldiers represent not only the sectarian group, but also familial and historical connections through which 'the nation' is revealed as separate and fragmented.

### ***The Importance of Being Sectarian***

Revisions to Lebanon's official constitution state that 'all Lebanese are equal before the law and they shall enjoy equal civil and political rights' (CEDAW 2005: 13). However, this stated equality of all is far from the reality of everyday-life in Lebanon; disabled people are equal in the eyes of the constitution only. It was in response to this persistent issue that the Rights of Disabled Persons Act was widely publicised in 2003. The CEDAW report states:

[i]n addition to providing a disabled-person card and reconstituting the National Committee for Disabled Persons, it affirms the rights of disabled people to obtain health, rehabilitation and support service, as well as their right to a suitable environment for education and sport, to work and employment, to social benefits and to mobility, along with parking places, market licenses and housing permits (CEDAW 2005: 71).

There are several reasons why the disability rights movement regards sectarianism as standing in the way of disability rights. Before the war, disabled people were managed by religiously-oriented charitable groups or by the family. The family dealt with them through what the LPHU describes as 'exclusionary approaches'. I met Mohammed in the South of Lebanon during a 'house call' that I was conducting with Boutros, my friend from the LPHU. We were on our way to make our 'house call' when we stopped to ask for directions. Mohammed, the local shop-keeper, lived with his wife and two children in the back of his shop. While Mohammed was not

Lebanese strictly speaking (he was Palestinian), he had lived in Lebanon his whole life and had experienced both the civil war and the Israeli invasion of the South. It was an Israeli landmine that he blames for the amputation of his left arm and leg. I have reproduced parts of his narrative below in order to highlight that despite the war in Lebanon having been over for nearly fifteen years (at the time of our meeting), sectarianism continued to be a major problem for Mohammed. During our discussion, I was surprised to learn that while social stigma created 'disability' for Mohammed in his youth, it was sectarianism that created 'disability' for him as an adult.

At first, [my disability] felt like a prison, and I liked it. But as I got older, my mind and thoughts started to expand and my thoughts started to change. At that time, we were still under siege from the Israelis and we were still afraid of the situation. But as I got older, I separated myself from my friends, I would hide inside the house, because I didn't want people to see me. I stopped going to school and now, I can't read or write. It wasn't until I was 16 that I started to make friends. People would come and visit me at my house, but even then I was embarrassed because I didn't have a prosthesis yet.

I have a brother in Saudi Arabia and he took me there to get my first prosthesis. The government there paid for it. They covered the cost. For that reason I respect the Arabs and foreigners more than I respect my Lebanese neighbours. I give respect to the Arabs, but in the end, the French and the Americans respect human rights more than the Arabs.

I got married and I now have a family, but we do not get any assistance from the sects, they don't help us out. I have a disability card from the government, but it is no use here because if I use it, they would make me PAY money. But if you belong to Amal, or Hizbullah you are taken care of. I am with the communists; an independent person and am glad to not be with them. I am a Lebanese Arab.

We don't have democracy here we only have confessions. I don't want to belong to any party just to take services. Will I become a human if I join them? Am I not a person now? I am a person who is not with a party (*ana mish mhezzeb*). I am not with *Hareket Amal*, or *Hizbullah*, not part of the country.

Mohammed's narrative reveals many issues which are significant to an individual's experience of disability. In this instance one can see that Mohammed's physical impairment was not the most disabling aspect of his



environment –that he openly chose not to ‘belong’ to a sectarian group was.<sup>23</sup> That Mohammed was not *mhezzub* made him excluded from a fundamental aspect of society: social care. Although his injuries were sustained when he was in his early teens and because of war, the ‘state’, in the form of sectarian groups, was not able or willing to provide for him.<sup>24</sup> Although sectarian networks of care are pervasive and guide many of the social programs, especially those for disabled people, for the LPHU and people like Mohammed, sectarianism presents itself as another form of social oppression through which they must navigate. While Amal is no longer an armed militia, Hizbullah has consistently refused to disarm. Echoing previous examples, Mohammed’s story emphasises that belonging to a political group, and the willingness potentially to ‘sacrifice’ one’s life for a sectarian group, affects the ability to access services. The Lebanese state is supposed to provide services to him, through the MOSA disability card, but the state cannot follow through on its claims to compensation. Thus:

to be outside of a religious sectarian group is to be left, in many cases, without access to social welfare. One group which had recently commanded media attention, and has good provision of social welfare is the Muslim paramilitary group, Hizbullah (the Party of God). A UN report has similarly noted that beyond [sectarian] membership, it is impossible to create a non-denominational system for the regulation of personal status. Denominationalism played a major role not only in the constitution of the Lebanese people but also in the establishment of the Lebanese State and, alongside other economic and political factors, it continues to play an extremely important role to this day (UN CEDWA 2005: 27).

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<sup>23</sup> Amal and Hizbullah are the two main Shiite sectarian groups. Hizbullah (the party of God) emerged in 1982 in response to Israel’s occupation of Lebanon. Hizbullah has grown a worldwide reputation for being a terrorist group, but within Lebanon, this group is seen as a valid (if not exasperating) part of Lebanon’s political landscape. Hizbullah is headed by Said Hassan Nasrallah. Amal (which is an acronym for Lebanese Resistance Detachments) is a Lebanese Shiite political group founded in 1974. It is considered to be one of the largest political and social service providers in Lebanon. This group is headed by Nabi Berri. These groups provided services and people who received those services became members.

<sup>24</sup> Mohammed’s injuries were not a direct result of the civil war. They were caused by the Israeli invasion of 1982 which was precipitated by the ongoing civil war in Beirut.

Sectarianism past and present appears to be a mechanism by which community or political leaders rouse feelings of unity within their communities, and likewise create each other in opposition to their beliefs and political goals; thus making one overarching, national identity difficult to achieve.

Picard reminds us of the economic state of the country during the war. She has noted that the development of social and medical services at the time of the civil war took place in the context of increases in the cost of living and competition between militias or armed groups within each community. The provision of social services thus operated as an instrument in the hands of the militias to mitigate the disaffection of populations tired of destruction and high-handed methods (Picard 2000: 308). Groups such as Hizbullah illustrate this situation best. Picard shows that investing in the development of social care institutions was an integral part of the political economy of the civil war:

[Hizbullah] invested in social and medical services through local branches of foundations headquartered in Iran: the *Jihad el bina'* for housing, the Martyrs' Foundation, the Foundation for the wounded and a similar institution created to support orphans. Such investment was politically profitable among the population of the Baalbek region and those of the southern suburbs of Beirut. Generally speaking, the legitimizing function of social programmes, and the attraction of foreign private humanitarian aid (estimated at \$10 million per year) which their adoption brought about were more important to the militias than the social objective itself' (ibid.).

The investment in social programmes helped to legitimise the political group. In the absence of a functioning state, the ability to provide for the community became an expression of 'state-ness'.

Harkening back to the story of Abdullah, who felt more disabled by being secular than being physically impaired, we can now see how important sectarianism is to a feeling of connection and integration into society. Further, goods and services are all channelled through sectarian networks and in practice few things are gained

through an appeal to a neutral system of governance. Rather, they are gained through a system of connectedness— *wasta* (brokerage). *Wasta* is knowledge of, and access to, privileges and services based on social networks. Lamia, the director of the LPHU expressed her frustration at how *wasta* stood in the way of disabled people to be integrated into society. She stated,

Society teaches you to use *wasta*. *Wasta* is someone who makes a recommendation for you in order for you to benefit. We have *wasta* instead of having institutions with laws that are respected.

For example, if you want to apply for a job, it *matters* what religion you are. It is not about the qualities of the individual. The church and the mosque play big roles in running things [...] I don't think they are doing things to become more peaceful and tolerant. Rather more they give people the feeling of being protected and everyone wants to make sure that they are protected.

As previously mentioned, during the early part of the civil war, the functions of the state were taken over by the militias. Despite the move from the Lebanese government to provide services for all people, *wasta* is still a major factor within Lebanese culture. It is crucial to be connected to or know someone with *wasta* in order to get a job, or to manage other bureaucratic processes.<sup>25</sup> Lamia continued:

We do not have a civil law. We do not have a law that is divided from religions. If we had a civil law, there wouldn't be this problem. Because now I have to belong to my religion before I belong to my country.

Basically, religion in Lebanon kept getting in the way of things. However, what I believe she means here, is not that religion gets in the way, but the overlapping of political and religious networks or in other words, sectarianism. In order to make a space outside of the dominant (and what was seen to be non-inclusive discourse) the group would have to coalesce into a political identity that could be considered on par with other political identities provided an opening through which ideas and concepts

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<sup>25</sup> Suad Joseph in *Working the Law: A Lebanese working-class case* argues that 'the powerless' manipulated 'kin morality' to work personal relationships as 'the law responded more to the pressures of personal relationships than the logic of jural rules' as rational legal systems, she states are not operative in much of the Middle East (1990: 143-144).

of individual rights and justice could come in to create a new language for the movement. This process of creating a language, the rights movement could speak and begin to identify itself and give strength to a disparate and unorganised group of individuals. Though this unity gave power and momentum to the movement, the totalising effects of such a discourse did not come without limitations. Not only did the introduction of these new concepts bring a sense of unity, in that the movement now had a motivation and a new system of conceptualising their struggle, i.e. a rights discourse.

Let us now return to the example with which I opened this chapter - disabled people protesting against the government's non-compliance with Law 220/2000. I would like to suggest several reasons why this sit-in was important for the LPHU and other disabled people. One reason concerned the public expression of disability, as the march brought awareness of disability out in the open. As I will show in the next chapter, disabled people were very often kept in their homes or in rehabilitation centres, so bringing disabled people out into the public is an act which defies the social norms. While disabled people were increasingly able to become independent, the individuals who succeeded in doing so were still quite rare. Another reason for the sit-in was to voice opposition to the sectarian nature of employment recruitment. Lebanon has the practice of allocating employment on the basis of religious denomination (Kabbara 1997: 45). Since the 1960s, Lebanese law has mandated that an equal employment policy operate, according to which Christians and Muslims are employed in equal numbers. After the end of the war and the creation of a new constitution, the preferential access to employment was supposed to have been stopped, but 'recruitment for jobs at all echelons of the public administration continues to respect the old formula of equal appointments for both Christians and

Muslims' (ibid.: 47) The appointing of equal numbers of Christians and Muslims could, on the surface, appear to be a good solution to hiring biases. However, many people expressed anger that religion should make *any* difference in the hiring process. A similar pattern of employment can be seen in the private sector where 'most businesses that are owned by members of a homogeneous religious group tend to employ people from their own sect and religion' (ibid.). Not only is sectarian affiliation seen to be the only access to employment, as Mohammed's example shows, belonging to a sectarian group can mean the difference between access to services on the one hand and political abandonment on the other. Mohammed's question 'will I become human if I join a sect?' highlights the problems with the sectarian structure of the state, of which preferential employment is just one manifestation.

Finally, one of the most important aspects of the march is that by gathering disabled people together in one place, from all around the country, they demonstrated that there is power in numbers, especially when those people are from across different religions and across different sectarian groups. What they demonstrated in this sit-in and protest march is the possibility that sectarianism need not be the only factor which unites people. What they demonstrated is that the state, while having a large role in creating the boundaries and definitions of disability, does not control or monopolise these definitions. While the state brings about a certain type of political awareness to disability, the disabled identity has also been brought into a consciousness through social processes as well.

An obvious question arises in regard to *Bayt Shebab* and sectarianism: why were the Lebanese Forces not using the war-disabled in order to 'mobilize values' and to construct the body as 'a mass article' and 'social hieroglyph that opens the



possibility of mythic communication with the masses' (Feldman cited in French 1994: 74)? Put simply, people have the ability to empathise with bodies. At the same time, we reject such identifications as they reveal aspect of our frailty. The semiotic aspect of the human (and war-injured) body taps into the psychic wounds of the country. The experience of the war-injured bodies in Lebanon is greatly shaped by the proximity of the war within the general environment.

*Bayt Shebab*, however, is not just a hospital for the war-wounded. It opened its doors to people from all sectarian groups, although it does not function as a long-term residential hospital for them. Only the people who 'founded' the hospital, so to speak, are given the chance to stay there long time. Long-term financial support is only provided to the ex-fighters. As I mentioned in the beginning of this chapter, the move away from sectarianism, toward a secular establishment happened in the early 1980s in the thick of the civil war. Making this change can be argued to be part of a push to move away from sectarian conflict, and create a modern and inclusive state. Making this shift means that not only must the state show responsibility and care for those who fought and sacrificed their lives (and bodies) during the war, but for the whole of the Lebanese population.

The support of the institution of *Bayt Shebab* gives the Lebanese Forces the ability to act in a manner that one might expect of the state. While *Bayt Shebab*, in popular imagination, was for the war-wounded it has now become a rehabilitation institute for the 'disabled'. The sectarian group utilised the symbolic capital inherent in their care for the men and women who fought and in their ability to tend to the needs of disabled people across sectarian groups. Adopting the label of a 'disability centre' erases the stigma of the past, and allows the 'state' to construct itself through the provision of care.

I would like to suggest that the implementation of the MOSA disability card, as well as Law 220, provides the appearance of a unified and centralised state. Not only do they act to produce the appearance of the state, that they are non-sectarian acts to hide or mask the fractures in both the Lebanese state and society. Just as hospitals and other institutions are seen as part of the apparatuses of power which constitute the state, so too was the management of disability one of the ways in which the state became manifest.<sup>26</sup> The words of Abdullah, one of my key informants, sums up the rationale of the 'modern' Lebanese state quite succinctly:

In my last meeting I had with President Hariri<sup>27</sup> I asked him the question, what about the application of the law, and he said that he is for full supportive of anything that makes us look modern. This is the key word. Lebanon wants to see themselves as modern, even though deep down we are not.

Kohrman notes that the concern for illness and social care is because many states do not want to be seen to be 'out of step' with modernity as many governments consider this type of care 'civilizational development' (Kohrman 2003:11). By this logic, sectarianism harks back to an unwanted past (Makdisi 2001), but social and disability development signify a modern state. Disability was thus a way of constructing the state (Kohrman 2003:8).

The civil war was said to have officially ended in 1990 with the signing of the Ta'if accord. The signing of this accord ended the bloodshed, but did not bring closure to the many fractures within Lebanese society. The privileging of sectarian networks continues to affect the lives of disabled people, especially when these

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<sup>26</sup> Here I refer to Wedeen's work on state in unified Yemen. In this article she suggests that the state manifests in mundane aspects of everyday life such the pageant of holding elections (which everyone thought were rigged anyway). Such acts were 'constitutive because they provided the occasions through which the regime could impose this authoritarian impulse onto citizens, at least temporarily. Even when such disciplinary strategies are contested, they are still partially effective—organizing men and women to participate and consume the regime's idealized version of the real (Wedeen 2003: 688).

<sup>27</sup> Prim Minister Hariri was assassinated by a car bomb which attacked his motorcade February 14, 2005. Prime Minister Hariri was a 'forward' thinker and was seen by many to be one of the few Lebanese politicians with a genuine concern for the Lebanese people.

sectarian divisions are also religious divisions. The transformation of disability care, from sectarian to non-sectarian, is one of the ways in which the state attempts to make it modern.

## ***Conclusion***

Saba Mahmood describes the religious Mosque Movements concern with cultivating an ethos. She suggests that this ethos is important as it acts to set religious groups off from secular ones (Mahmood 2005: 73). The LPHU also sought to create an ethos of human rights, but not through style of dress or comportments of the body (as is the case with religious movements), but rather, through their mere presence in the public realm. Public actions such as the protest march which I describe in the beginning of this chapter had several aims. One was that it brought disabled people, who would otherwise be marginalised from social life, into the gaze of the public. Another aim was to show disabled people's 'mobility' and hence 'ability'. 'Teaching by example' in this way was an overt technique which the LPHU often deployed. Lastly, this march was a way of creating an ethos of disability in which disabled people could begin to be empowered through the discourse of rights.

The work that the LPHU does is oriented both toward the economic integration of disabled people in the work force, as well as their social integration, of which, economic integration is one of the most important factors. For this reason, the flow of economic resources within Lebanese social and political life must be examined.

In this chapter I have argued that, not only is disability a political tool in Lebanon, but that 'the disabled' are not in any way a unified group of individuals who share the same experiences or same goals. Rather, the various disability groups in Lebanon are often antagonistic to one another. The experiences of disabled people,

both naturally and unnaturally disabled, are set within the historical context of sectarianism in which sectarian divides form both a source of strength and stigma. It was not only disabled people who had difficulty accessing rights outside of sectarian networks; it was also the case for any one who was secular. The disabled, however, suffered an additional burden since the sectarian systems of care involved support through pity and charity.

I have further shown that the civil war was the catalyst for the emergence of 'state' concern for disability. At the same time, it was a major cause of disability. It has set the scene for understanding the work of institutions like the LPHU and *Bayt Shebab*. I have sought to bring out the connections between religious and community identity by describing the development of community in Lebanon, which also revealed the problems which some disabled people face in accessing services outside of sectarian networks. The pervasiveness of sectarianism in everyday life, and the paradoxical enabling and disabling aspects of it, show that disability is a political resource in several ways. Discourses of disability have the power to evoke not only human rights, but also moral economies that can be harnessed to create and organise kin, sectarian and ultimately state formations. The desire to shift away from sectarianism represents a difficult political transition that is repeatedly foiled by the continued break-down of the state. During the breakdown of the state, the responsibility for caring for citizens falls upon the militias and political groups and rarely extends across their respective boundaries. This poses a major barrier for disability groups like the LPHU.

In the following chapter, I will examine the various ways disabled people either resist, or incorporate these different beliefs about disabilities into their experiences and narratives. I will discuss how disabled people manage their

disabilities and show the extent to which the differing body, and the social experience of this body, is constitutive of the experience of disability. The problem of disability and the body will be a salient issue throughout the thesis as many of the issues at the forefront of the disability rights agenda include an attempt to disentangle disabled people from religious discourses; discourses which have far-reaching resonance within the context of a sectarian state.



### **Chapter 3: Identity, Body and the Politics of Meaning**

Everyone who becomes disabled has a story of how or why they are disabled. Some people say that they lacked oxygen when their mothers were in labour with them; others stepped on landmines; and yet others contracted polio when they were young. Lebanon's complex political and social realities add even more complexity to this already sensitive subject. In the previous chapter, I looked at the role of state and administrative forces in the construction of disability in order to examine the tensions between various definitions of disability, and their impacts on and interactions with other identities. I examined disability as a means through which the state and non-state actors attempted to construct a certain 'image' of disability. This chapter will approach the same issue from the perspective of individuals, and thus seek to understand how disabled people relate to their bodies in the context of Lebanon's socio-political environment.

One of the rationales behind the social model of disability was to show that the source of their oppression was not the bodies of disabled people, but rather the ideas about physical impairment prevalent in society. In what follows, I will continue to examine the notion that disability is social, and unrelated to more embodied experiences of physical difference. I do this by examining people's experiences of their bodies not only in light of the variety of social perspectives and diverse meanings attached to the physically impaired body, but through their own experience of their body. I do this to facilitate a greater understanding of the disability movement's motivation for homogenising 'disability' into a singular experience. If what is disabling for one person is not disabling for another, how can one effectively target the aspects of society and state that are disabling?

Given the centrality of the social model to the *raison d'être* of the disability rights movement, I was surprised when one of my informants told me to 'look at her legs' in order to prove that she was disabled. During this interview, Amal<sup>28</sup> told me about the car accident she had been involved in as a child, which left her dependent on a wheelchair, and recounted what it was like to grow up with a physical impairment. She spoke so positively about her disability, describing herself and her wheelchair as 'beautiful', and I began to wonder whether her wheelchair really restricted her in any way. As the interview wound to an end, I asked my final question: whether or not she considered herself to be disabled. She replied, 'I don't understand your question.' I then attempted to explain myself, noting the fact that she saw herself and her wheelchair as beautiful and that negative social ideas about the physically impaired body did not stand in the way of her making her 'dreams come true'. To me this seemed to suggest that maybe she was not - or did not let herself be - disabled by anything. She instantly snapped back, 'Of course I am disabled! Look at my legs, I can't walk. I can't move my legs. Yes, I am disabled!' Her reaction to my question left me feeling embarrassed by my own presumptions and lack of tact. In retrospect, however, this moment of misunderstanding reveals the disjuncture between, on the one hand, the ways in which disability is understood and experienced, and, on the other, the application of a Euro-American disability terminology and social model in non-Western contexts. The incident also highlights the social and political importance of the labels 'disability' and 'disabled', which I will discuss in this chapter.

The material presented here suggests that, contrary to the assertions of social theories of disability, the body *is* present within the experience of disability. Nick

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<sup>28</sup> I will discuss Amal's experience of disability in more detail later in this chapter.

Watson's work on disability and the 'untenable dichotomy' between the body and society shows that the body is as much a part of the production of identity as society is. His work demonstrates that 'self' is understood reflexively and that the process of self-objectification involves seeing oneself the way others see it. This dialectic between self and other has relevance to the study of disability, especially when the ascription of meaning to bodies which 'deviate' from the norm is considered. Understanding the process of identity in relation to the body and in the wider context of society thus has serious political implications (Watson 2002: 510-511). According to Watson '[w]e act through our bodies upon the world and it is through our bodies that we experience and comprehend the world' (2002: 510). This approach to disability must then take into consideration the relationship between an individual and their body. The distinction between sex and gender by early feminist scholars is similar to the dichotomy made between impairment (body) and disability (the relationship between the body and society). Feminists such as Judith Butler have challenged these dichotomies to suggest that there are no bodies which are pre-social; the body, like sex, is created through social performance. Thus, 'the words we use and the discourses we deploy to represent impairments are social and culturally determined [...] Impairment is only ever viewed through the lens of disabling social relations' (Watson 2001: 18). Watson's post-structural approach thus seeks to 're-embody' disability. I will also take up this position throughout this chapter to examine the role of the body in the experience of disability through the stories of six people - one woman and five men - who shared their experience of physical impairment with me.

The chapter will address a number of key issues, including the manner in which the body can be a vehicle for social meaning. Does disability disrupt the

ability of the body to act as a vehicle for meaning? To what extent is an individual able to alter the meanings attached to the body? By reflecting on the ways in which my informants described being, and becoming, disabled, I will discuss these individuals' experiences of living through their 'stigmatised' bodies. Social reactions to 'abominations of the body' (Goffman 1963 [1990]: 14) are integral to how the body is 'lived in' and 'lived through'. In addition to social reactions to physical impairment, I aim to examine the extent to which discourses of disability, such as those promoted by the disability rights movement, impact upon the experience of one's body. Discourses of disability, however, are not uni-directional and as such are entangled with various political and social factors. Three important points will thus emerge in this examination: firstly, that disability is not experienced in a unified way; secondly, that the body is an integral part of the experience of not only disability, but of self; and thirdly, that various social and political discourses of disability affect the experience of physical impairment. I will show how larger political identities affected the manner in which these six individuals situated themselves politically and in regard to the disability movement.

Two of the men discussed in this chapter were disabled during the civil war; one was the victim of a sniper, the other of a landmine. Two people became disabled due to car accidents, while the other two became disabled due to neurological complications and the rest had congenital disabilities. We can see here that some of the people included in this chapter transitioned from able-bodied to disabled. This change in both body-function and appearance presented itself as a challenge for building and maintaining the desired identity. For instance, several of them expressed the inability to find a partner for marriage, and to have a family.

The eventfulness of becoming disabled; a car accident, landmines, a sniper's bullet and disease, were part of how the individuals manage and negotiate the 'negative cultural connotations' of disability. Monks and Frankenberg have explored illness narratives of people diagnosed with Multiple Sclerosis (MS), and argue that illness narratives add 'breadth to contextualization' and a 'processual character to the phenomenology of disability' (1995: 107). Because life stories and narratives of illness reveal the manner in which an individual constructs their sense of self and individuality, the life stories also reveal what it takes to 'make' a life and a story (ibid.: 107).

Monks and Frankenberg discuss the characteristics of the life story that deals with aspects of the *individual* life which exist in 'the continuity of a self that exists independently of both the sociocultural environment and bodily changes (Monks and Frankenberg 1995: 107). They identify 'three major dimensions' of the narratives of chronic illness, namely; 'self, body and time' (ibid.: 108). Self is defined as 'who I am over the course of my biography' (Corbin and Strauss 1987 cited in Monks and Frankenberg 1995). Body as 'the medium for action, which feeds into self-identity' (ibid.: 108) and finally, time, which is not 'clock' time, but rather, biographical time that flows from past, through the present, to the future, to accommodate different demands (ibid.).

In several of the narratives, my informants stated that they experienced their disabled bodies as something that they, at some point in their lives, had to negotiate. The notion that an identity can be resolutely 'written on the body' is highly contested by scholars such as Judith Butler. My approach in this chapter is thus based on the assumption that the body is the product of historically contingent processes, which inform an understanding of what constitutes 'correct' bodies. I use Butler's notion of



performativity according to which identity (for Butler a gendered and sexed identity) is created through the 'forcible reiteration' of norms and where bodies 'never quite comply with the norms by which their materialization is impelled' (1993: 2). The individual is thus constrained by the body and by the names and labels with which we define certain types of bodies. She argues that the subject is produced simultaneously through a necessary repudiation of identities, and discursive logics that she calls 'a constitutive outside of the subject' (1993:3).

In what follows, it will become evident that there are many variations on the way people experience 'disability'.<sup>29</sup> Karim, whose story I discuss below, appropriated the interview through a long narrative monologue. This enabled him to focus on what he wanted me to know about him and what *he* found to be the central aspects of his experience of disability, rather than what (he thought) I wanted to gain from the interview. The other interviews, however, often responded to directly to the questions I posed to them. My interview style was informant led, and in this sense my line of questioning developed out of what each person was revealing to me during the interview. The processual nature of Karim's and my other informants' narratives, and the 'expressive quality' within them, provide a framework for understanding their utterances, which incorporates 'personal endeavour as well as social constraint' (ibid.: 109). While illness narratives privilege speech over and above experiential or observational approaches (e.g. Wikan 1992, 2000), I have tried to describe what I observed as much as possible without interrupting the argument with too many, perhaps unnecessary, details.

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<sup>29</sup> I place disability in inverted commas in order to highlight my awareness of the problems, or rather the limitations, of the words *disability* and *impairment*. Having suggested that there is an unsustainable distinction between impairment and disability (Watson 2001), it would be counter-productive to continue to make such a distinction. However, using the word disability without referring also to impairment would create confusion about exactly what was being discussed. For lack of better words, I maintain the linguistic distinction between disability and impairment throughout this chapter.

## ***Misconceptions and ‘Wrong Thinking’ about Disability***

The ‘wrong thinking’ of society was often one of the most difficult and challenging aspects of disability. This was due to the difficulty of locating exactly where the misconception about disabled people stemmed from. It was often theorised that they came from religious and superstitious beliefs. The LPHU website which claims that,

The Lebanese people inherited misconceptions about disabled people. They considered his disability expiation for the mistakes of others. In addition, they looked at him with pity and disgrace. Because of the aforementioned misconceptions, the policy of social care was followed, and led to the isolation of disabled people from the members of his family and his surroundings. (Source LPHU Website)

In this statement, the ‘inherited misconceptions’ about disability was that it was as punishment for mistakes, or sins of someone else. The belief that disability was caused by sin was strongly rejected by all people with disabilities. This wrong thinking has consequences which go beyond disabled people and reach into the family and kinship structures. Boukhari (1997) further elaborates on the impact of ‘wrong thinking’ about disability.

In the Lebanese context, the birth of a disabled child is seen by many as not only a misfortune, but as shameful and embarrassing. The husband’s family is likely to blame the misfortune on the mother: ‘it is her [family’s] bad seed’. In addition to bringing shame on the family, the birth of a disabled child is likely to consign his or her mother to a lifetime of misery, since the belief in the mother’s culpability is used to justify a lack of practical and emotional support to the child and mother on the part of the husband and extended family (Boukhari 1997: 37).

It is clear that disability does not simply affect the individual. Disability has social repercussion that affects many people. Turner (1996) has noted the belief that sin is manifested externally through the body. He states that ‘before the rise of individualistic culture, sins were external and objective, and their origin lay in bodily appetite...’ (ibid: 213). He notes that such beliefs are created by various factors which

combine to produce the experience labelled as 'disability'. I will now look at the specific ways that people have experienced 'disability'.

In what follows, I will present some personal details of the ways people who were disabled experienced social prejudice toward them. As I will show, family, and the inclusion of disabled people into kin networks were central to feelings of acceptance. Family in Lebanon is important and many people expressed their frustration with being unable to find a suitable marriage partner. Some people expressed that society does not believe that they are capable of being parents. Amal, a young disability rights activist said she had been told in many ways that because she was in a wheelchair, people thought that she was not capable of taking care of the house, let alone a child. Lamia, the director of the LPHU suggested that the reason she always worked long hours was because she did not have a boyfriend, or anyone 'special' in her life. Discussing or even seeing disabled people as persons with sexual needs is still a taboo subject. This restriction of disabled people from an intimate life also restricts them from the possibility of having children<sup>30</sup> which then inhibits them from fulfilling the expected role of a Lebanese individual; to get married, have children and to contribute to the growth of the family.

While securing certain types of social connections is possible if an individual can push for them, there are other connections, particularly familial which are guarded, and often denied to disabled people.

Personally, I have the following experience. Education? I got educated. Employment? I got employed. With a great deal of effort, a disabled person can achieve these things. There is just one thing I have not been able to do, and that is to get married. This is the clearest indication that disability is not acceptable in this society. People accept you as a teacher or a pupil, or as an employee; but, as a brother-in-law or sister-in-law, that's something else. That's where I am. It's a very important thing. (Coleridge 1993: 191)

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<sup>30</sup> See also Sentumbwe (1995)

A friend of mine, Abdul, blind, university professor, shared with me his story of getting married. He had recently married a sighted woman who was, like Abdul, from a rural, Muslim community in the North of Lebanon. Her community was religiously conservative and the young couple's intent to get married was not looked upon favourably. Ghada needed parental consent in order to marry, but her family was initially very hesitant.

Ghada- I first asked my mother and my sisters. My father was very angry. And my mother she didn't think it would work. They planned to meet him, but we hadn't agreed on a time. I came back here to Beirut and one week passed, and another one passed.

Abdul- During that time, I didn't ask to see her because I felt that there was some hesitance. I wanted to make sure that she really wanted this. It wasn't just because I was a professor at the university that maybe she didn't want to.

Julie- So how did your mom eventually deal with it?

Ghada- I don't talk with my mother anymore.

Julie- Really?

Ghada- My mother is the kind of person who is very restrictive. We always have problems. So I decided not to talk to her and to just talk to my brothers and my sisters and father. And with my brother in law, he was very...(she hesitates)...he met Abdul and he was very supportive at the beginning. Then I decided to tell my father.

Julie- You hadn't told your father yet?

Ghada- No, I was very scared. I was scared to talk to him. I was afraid that he would be very mad. When I went to my father I was very nervous. He said, 'let me think about it'

Abdul- But he kept thinking....forever!

Julie- He never said anything.

Ghada- Not until I asked him again. So I asked him and luckily he would consider it because one of my cousins...

Abdul- (interrupting) One of my cousins is her relative now. This wasn't the crucial thing. But it helped. So eventually, I met her dad. I went to my brother in law, and he is an educated person and we think along the same lines. Then the meeting was over, we came back, I was talking to my brother in law, and he said he felt it was going to work. I had mixed feelings at the time.

Julie- You mean about her family accepting it?

Abdul- It is hard. I am visually impaired and I knew it. I was aware that not many people would accept this marriage. And then we went on the second meeting and then another time, before her father said it was okay. I know her father wanted to bring up some issues with me, but he never did. I guess he was uncomfortable; especially when it comes to things related to our relationship and married life. Especially because my situation was not very reliable at the university. I mean, all of the things that they know and all of the conditions. I am visually impaired; I am not secure at the University, which means I am not financially secure. I was expecting this problem. Ghada and I were afraid,

so I don't know how things worked out. And then the third time he said yes.  
Right?

Ghada- I don't know.

Abdul- Yes, after the third visit.

Julie- He agreed to let you two keep talking. And your mom?

Ghada- She still objects to our marriage. For this reasons I don't talk with my mother anymore.

For Ghada's parents, the decision to let her marry Abdul was an important decision that needed to be made with much consideration. Abdul mentions that the qualities that aided him in being accepted by her family was that he had earned a PhD, was a university professor and that the families were already connected as Abdul's cousin was married to a woman in Ghada's family. Abdul related to me at the end of the interview that Ghada's father, when mentioning his daughter's husband would always mention that he was blind, AND a university professor who works on computers all day. Abdul said that his father-in-law thought he must be a 'real genius' because he was blind but still knew how to work on computers! Ghada's family accepted Abdul's as a son-in-law despite his disability. However, from the excerpt above we can see that the family also sought to mediate it by focusing on Abdul being a university professor. This acceptance of Abdul as a blind in-law did not mean, however, that Ghada's family understood his disability, or what he was capable of. The notion that Abdul was a genius seemed to stem from the lack of knowledge about how someone who is blind could read. Ghada's parent's are not alone in their misunderstanding of the way that Abdul managed this daily life; a feeling which he reinforced when he later explained that people throughout his life thought they could trick, or pull a 'fast one' on him because he was blind. When Abdul was young, his mother would read to him, and he would memorise the books.

When I was young, my mom started to read to me. Everything, everything. And I used to memorise everything. One day, when I was very young, I was with my cousin, Aboud. I asked him to read a passage in English, but he wanted to cheat, you know, and he skipped a part of a sentence. And I told him,



“You skipped a part”. And he was like, “how did you know?” He wanted to take advantage of me!

Not only did people not give Abdul credit for what he could do, they attributed him with low intelligence and a lack of any ability to adapt creatively to situations. People found that for Abdul to do ‘normal’ things was something *exceptional*; not accounting that he used other techniques (such as a screen-reader to use a computer, or by having books read out loud) to accomplish ‘everyday’ tasks. The view that disabled people who are able to ‘overcome’ such challenges to become heroes or geniuses can be linked to the ‘personal tragedy model’. In other words, it is not ‘blindness, but the attitude of the seeing to people who are visually impaired [which] is the hardest burden to bear’ (Keller, cited in Braddock and Parrish 2001: 44). Abdul’s rather pragmatic approach to life without sight is summarised in the following statement

I was born like this, yes. But I must tell you that I don’t believe in destiny or that a person is destined to be disabled. There is actually a lot to do to change many situations. Poverty, for instance. Poverty is not destiny; poverty is caused by the few people who have their hands on money. There are things that we cannot control. Take mental retardation. There are physical reasons for it. It is not caused by God.

Abdul had very supportive parents, who when they found out that their son was severely visually impaired, did everything within their power to help him. This included sending him to a residential school for the blind which was many hours outside of Beirut. Abdul’s feelings and thoughts about his disability, and people’s reactions to it were not internalised, but rather, were located outside of him, in a disabling society.

## ***Becoming Disabled: Loss, Stigma and Masculinity***

### **Bashir**

The psychologist and disability advocate Boulos, whose statement I used to open this chapter, introduced me to his friend Bashir. Boulos drove me to Bashir's house on the Christian side of town one evening. Bashir's father greeted me at the entrance to the building and then led me to the apartment and into the sitting room where Bashir was waiting for me on the couch. It was a typical Lebanese house with fluorescent lights and cold tile floors. When I first saw Bashir on the couch, I was uncertain if he was the person with whom I was supposed to speak. He was a rotund and gentle looking man with no visible signs of disability. He wore shorts that revealed his dry and callused knees on which, I later discovered, he 'walked' around without his wheelchair. I walked over to him and introduced myself and, in a slow and strained manner, he replied to my greeting. I sat on the couch beside Bashir with the tape recorder between us while he recounted his story. His obvious effort and the slow pace of his speech influenced my own speech as I found myself being very careful and thoughtful as to how I formulated my sentences. It was not long before I realised that although Bashir was a slow speaker, there was no lack of mental faculty. He explained that his disability was due to a medical error when he was born: a lack of oxygen supply to his brain and spinal cord. His brain, he said, did not communicate well with the rest of his body. His slow speech and unique body movement and manner made him stand out from others but Bashir did not become aware of his difference until he was around nine years old.

The kids in my building were very nice to me. They would play with me, and everything. I didn't have any bad feeling. They were very friendly with me because they knew me and my family. But then I began to feel like a stranger. People in the streets or at church or in the supermarkets, cinema and theatre made me feel like I was different from them. They said *haram*. This word hurt me very much.

When I was very young, I felt that maybe I was different from others, but I couldn't understand what. I was playing and joking, and learning just like they were. Why didn't they like me? I couldn't find any reason. When I got older and I heard *haram*, I felt hurt and I felt hate. I hated that word. It made me think that nobody loved me.

The immediacy and reality of the body as it was lived and as social object are merge in this example. The reality for Bashir is that his body is a social object. Further, for Bashir, as is the case for many people with disabilities, the awareness of ones body is not simply an awareness of the body, but an awareness of an undesirable and different body. Merleau-Ponty's notion of 'body image' or the body's 'being-in-the-world' (1945 [2006], 112-115) is useful here as all selves are embodied, and the body is always a part of the way the world is experienced.

Bashir's physical impairment became the basis upon which people thought about and interacted with him; his different body made the other children exclude him from their games. Bashir, however, did not express an alienation from his own body, but instead blamed his exclusion on the 'wrong thinking' that others had about his body. For Bashir, as for many of the people whose stories I present in this chapter, the awareness of one's body is not simply phenomenological, but an awareness of other people's perceptions that one has an undesirable and different body.

Margaret Lock describes how the body is a surface onto which 'social categories are literally inscribed on and into' (1993: 135). The body is usually something that is not complete and that must be worked upon, as a project that is developed over time. Thus, we can think of bodies as vehicles for social meaning. But, what is important here is the way in which it is assumed that individuals are able to work on their bodies in such a way that the physical body becomes aligned with one's notion of self. Scholars have also used the appearance and construction of the

body as a means of understanding the ways in which people think about their bodies (Wacquant 1998).

The study of the body, as related to individual and social processes is important because, while we each exist within and are bound to our social environments, we are also individual actors who make our own meaning and create our own identities from and with our bodies. The understanding of self is created through the body. Bashir's disability is not simply due to society's negative ideas about his body, but as it appears from the following, it is also about the help he needs to undertake everyday tasks.

Julie- Your mother was the main caregiver? And it was no problem to rely on her because she was your mother.

Bashir- My mother and I had a strong bond. I am her son and her friend. I spent my whole life with her here in the house. My mother was an active woman. She was first lady to leave Lebanon in '52. She was a strong woman.

Julie- How old was she when she passed?

Bashir- Seventy

Julie- After she passed, did your father take care of you?

Bashir- Yes, he is retired.

Julie- Have you ever had another care taker?

Bashir- Like a maid or something?

Julie- Like a social worker that helps and takes care of you?

Bashir- Uh, I take help only from my father and my friends. When I leave the house I need help, I can't take my clothes off and put them on without help. When I take shower, I need help. I can't forget my handicap. My handicap is part of me. I remember my handicap every time I need help.

Instead of framing his disability solely in terms of external negative perceptions, Bashir shows here that he remembered that he was disabled every time he needed help with his body.

The disabled body is a stigmatised body, and while Bashir experienced social alienation because of his disability, this did not affect his entire identity. There were many positive influences in his life:

My mother, she wasn't like those [negative] people because she had a lot of education and morality. She didn't have the reaction 'Why?'. Rather, she had an action 'what can I do?' She took me to London to see many doctors. She took full care of me, like all mothers would. And she didn't treat my brother and I differently. We both got the same treatment.

Bashir's example highlights a number of key issues. One is the fact that the community's beliefs about his 'different' body negatively affected his relationship to the community. People looked at him with pity for having to suffer within what they perceived to be an undesirable body. Bashir's story also reveals his belief that through education and good morals people can come to see him in a correct way. Here, Bashir, to some extent, describes disability as a socially created category.

Leder's distinctions between *korper*, the 'object body' which is 'seen from without', and *lieb*, the 'first person' experiential body that is 'lived-from-within' (Leder 1990: 6) provide one way to express the multiple aspects of the body as it is experienced phenomenologically, and as an object of social commentary. Leder points out that *korper* is an aspect of *lieb*.

To be a lived in body is always also to be a physical body with bones and tendons, nerves and sinews, all of which can be scientifically characterised. These are not two different bodies. *Korper* is itself an aspect of *Lieb*, one manner in which the lived body shows itself (ibid.).

For Leder, the whole and unproblematic body recedes, or disappears from the consciousness of an individual. The dys-appearing body, however, is the body which makes itself present through its problematic operation. Leder's 'dys-appearing body' is thus made explicit in 'problematic or disharmonious' states (ibid.: 69-99). Bashir told me that he was reminded of his disability every time he had to ask for help. I am here drawing a parallel between the problematic operations of the body and the problematic operation of one's 'social identity'. For Bashir, his body was problematic because he was unable to do even basic things; in order to shower or get dressed he needed assistance.



The social experience of difference quite clearly relates to feelings of disability. Groce's (1985) study of deafness on Martha's Vineyard highlights the ways in which social attitudes, both exclusive and inclusive, toward the 'different' body create the feeling of social inclusion. Martha's Vineyard is an island off the coast of Cape Cod, Massachusetts, which for the past two centuries has had an extraordinary number of cases of inherited genetic deafness, approximately 1 in every 155 births. Deafness in Martha's Vineyard has been alleviated by the wide use of sign language, by both deaf and hearing people alike. Drawing attention to the resistance to norms of bodily presentation and performance, McDermott and Varenne state:

a recent advance in cochlea implants... has deaf children hearing, a seeming advance to researchers, but the source of unrest in the deaf community. Outsiders to the deaf experience are surprised to find out that being able to hear is not as important as being a member of the deaf community... Being able or unable to hear does not emerge as significant in itself; instead it takes significance in the context of other sets of meanings to which the child has been exposed (1995: 329-330).

Deafness on Martha's Vineyard was not made to 'count' and did not isolate the deaf person; cultural norms set the boundaries of normality. Foucault (1979) has noted that in the West, the relation of the self to the body is rooted in the discipline and control of bodies; 'the body being a social substance that is "manipulated, shaped, trained, which obeys, responds, becomes skilful and increases its focus"' (Foucault 1979: 136). Drawing on Foucault, Oliver has noted that 'deaf people were not excluded from society and did not forge their own deaf culture, for everyone knew sign language and the society was 'functionally bilingual' (Oliver 1990: 16). This highlights cultural and situational relativity of disability. As Bashir went on to tell me, if we are to change the experience of disability we must first change the way that people think about people with disabilities:

Our experience is bad, very bad. There are a lot of groups, and institutes, but no results. There hasn't been any results for a long, long time. In 2000 they made a special law. And there is a small mental change and maybe some exposure, only. Maybe people only need to learn more about the handicapped. Maybe that will be enough. On the 3<sup>rd</sup> of December we will get on the television and radio and talk about the law from 2000, but that is it, we will only talk about it. We need to change our mentality. Definitely. Not a little. A lot.

A close friend told me another story that will serve to illustrate what I have come to see as the dual nature of disability. Sami was disabled and walked with the aid of a walking stick and with a pronounced limp. One of our mutual friends always told the story of growing up with Sami: 'We would beat on him just like we would with any other kid. We would run faster than him and make him catch up with us. We never treated him differently.' Thus Sami's friend understood disability in two ways. The first was physical, because Sami looked different and walked with a limp. The second was social, in that the other children could have isolated and excluded him from play and other social activities, but did not. One evening, toward the end of my time in Lebanon, I was talking with Sami and a friend who argued that Sami should not receive the Ministry of Social Affairs (MOSA) disability card for having a 'mere limp'.<sup>31</sup> Sami was married to a successful civil rights advocate who worked in Jordan. Despite Lebanon's weak economy, they were financially well off and able to build a large house, and even purchase a new SUV.

Our friend did not think Sami's physical impairment warranted the privilege of the disability card and, given his affluence, suggested that Sami was exploiting the system. Although Sami was not a member of any disability organisation or group, he nevertheless felt entirely comfortable and justified in gaining benefits through the card. This suggests that the body is an aspect of disability. Sami's friend was able to

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<sup>31</sup> The Disability, or 'Rights and Access' cards program was started in 2004 and gives disabled people the right to claim state benefits, including discounted medical services and tax breaks. The card is issued by the Ministry of Social Affairs.

observe a difference in Sami's physical ability (and appearance), however, he did not see this difference as necessarily being a disability. The MOSA card, and its role as a type of mediator between the state and disabled people, will be covered in more detail in Chapter 5, where I discuss the disability rights movement and their engagement with the state Jihad

In the following section, I will explore how the body and negative social ideas about the body work *together* to create the experience of disability. The manner in which the body is related to one's gender identity is a fruitful starting point for this exploration. Butler (1993) suggests that gender is 'performative' and is accomplished through a constant (re)iteration of gender ideals. Here I further develop Butler's point, and examine the ways in which gender is performed without the medium of the body. I consider the ways in which people reconstruct their identities after disability and (re)create subjectivity within various systems of domination.

## **Jihad**

I noticed Jihad one afternoon at the AUB (American University of Beirut) cafeteria where he sat in his wheelchair, alone, eating his lunch. I presumptuously walked up to him and asked if he would be willing to speak with me. He agreed, and we made plans to meet several days later. I did not know Jihad previously, but had approached him in the hope that he might provide me with a perspective from outside the familiar circle of people I knew.

When we met for our interview at the university, we found a spot outside in the shade of a nearby building. He sat in his motorised wheelchair and I sat across from him on some steps. 'I don't usually talk to people about my disability, but I will speak to you,' he said. It was then that I realised I had made a *faux pas* by asking him

to speak to me about being disabled when he was not comfortable talking about his disability at all. After some small-talk about his studies, he explained how he had come to be in a wheelchair. 'I have not always been disabled. I have a genetic disorder. It showed up when I was 18. It is a problem with my nervous system.' Jihad had been slowly losing motor control. 'Last year I was better, I could use a crutch. Now, I need a wheelchair. My family was strong when they found out. It was a good thing too because the doctors told me that it is incurable.' Although Jihad knew his disorder was incurable, he still looked up websites on the internet in the hope that medical science would find a cure. Jihad's situation of 'becoming' disabled was fraught with many personal challenges. Part of his process of becoming disabled involved ideas that he himself had held about people with disabilities.

I thought that disabled people, especially those that are in a wheelchair, didn't have a life and didn't do anything. I didn't think they could read or study. I didn't know anyone who was disabled, I would see them, but I didn't talk with them because I thought that they didn't know anything because they didn't go to university, or couldn't read.

This suggests that the disabled body does not reflect the interior self; a fact which Jihad realised only after the onset of his disease.

While I never found anyone directly stating that they thought that those with disabilities were less intelligent, this could be inferred from the stories of disabled people. From Jihad's statement, combined with the stories and experiences presented in the rest of this chapter, it will become clear that such beliefs were in fact quite common. Not only were people with disabilities generally thought to be less intelligent, when Jihad became disabled, people started to treat him as if he was 'special' too.

I went to a university near my house, but it was not a very good school. The university is not very good because they let me pass with A grades because I

was disabled. But I didn't like that. I didn't want to get an A just because I was disabled. So I left that school in the second year.

Jihad's body came into his consciousness during the onset of his disability, both through his own experience and his relationships with other people. His body seemed to manifest an unwanted, 'stigmatised identity', which he had to manage. This story suggests that the body is integral to the constructing of self and that it might be 'untruthful' in its reflection of the person. When the body is incongruous with self, and society has negative prejudices toward such a body, the result can be a deep sense of alienation. Stigma places limits on the use of the body as a viable expression of self and culture.

Erving Goffman's book *Stigma: Notes on the Management of a Stigmatised Identity* (1963) explores the notion of stigma, which he defines as an 'attribute that makes [a person] different from others in the category of persons available for him to be, and of a less desirable kind... he is thus reduced in our minds from a whole and usual person to a tainted, discounted one' (1963 [1990]: 12-14). Goffman's earlier work, *The Presentation of Self in Everyday Life* (1959), argues that the body is a means through which cultural values are expressed and that 'the presentation of self is structured in accordance with various public symbols' (1959 [1990]: 1). Symbolic capital is thus produced through the attainment of the cultural ideal. This can be illustrated by Pierre Bourdieu's observation that an individual's appearance is adjusted to reflect '*social markers*' within a 'system of distinctive signs which they constitute and which is itself homologous with the systems of social positions' (1984: 192: cited in Becker 1995: 29).

Jihad's experience of disability was made worse, he felt, as he had lost the ability to walk, whereas people who were disabled by birth never knew the benefits of walking:



I think it is more difficult to have been not disabled and then disabled. Because someone who is disabled from the beginning might not know the benefit of walking. But when you become disabled, you can't forget. Like sometimes I wish I could walk, play football, climb.

Until he became disabled, Jihad felt he was like everybody else. He compared himself to others, saying, 'My friends always wanted me to go outside and play and I couldn't do that. They would invite me, but I would not accept.' I asked him why this was. He said: 'I was afraid of disappointing and being disappointed'. Jihad felt that he should be able to do the things that his peers were doing, but was unable to and hence unwilling to join them. In relation to them, he was disabled. Jihad's understanding of self operated through his body, and in relation to the aesthetics of his body's performance. 'I always think about the fact that I am not like the other guys my age. I see guys my age and they look like men, and they have muscles and everything.' His reference to the fact that he might disappoint people if he were to try and engage in the same activities as the other 'guys', and the fact that he was not like other disabled people because he had once known 'normal' use of his body, suggests that Jihad's experience of his body pivoted upon both the way it appeared and the way it performed. Jihad further noted that besides being equivalent to the body and physical ability, disability was also related to knowledge. That is, the knowledge or memory of walking was integral to how he understood his disability.

Jihad connected manliness with physical ability. He felt that his bodily deterioration made him look less like a man. 'Men' in Lebanese society should have a whole and integral body that would allow them to do 'manly' things. Men, in his conception of masculinity, had 'muscles and everything' and his disability meant that he could no longer achieve this.

Jihad's inability to walk affected his understanding of what it means to be masculine. Not only did he feel like less of a man, he was often confronted with

negative ideas about disabled men, with disability being equated with decreased masculinity:

Last year, I was sitting in a room full of people and we were all watching a program on T.V. On the show, a woman had gotten married to a man who was in a wheelchair, and others in the room said that she was beautiful. They wondered why she would marry someone in a wheelchair. And suddenly they noticed me in the room and then they changed. They started to take back what they said.

Assumptions about the undesirability of disability were manifest in these men's comments. A disabled man is considered to have a less capable body and is thus less worthy of a beautiful wife. However, what this example also seems to suggest is that disabled men *can* get a 'beautiful wife' and when they do, it is threatening to the established social order. Here masculinity does not appear to be an essentialised, single category 'under threat of extinction'; indeed, 'there [was] not a fixed set of determinants that establish masculinity' (Ghoussoub and Sinclair-Webb, 2000: 7). As such, masculinity is a process that is constantly negotiated. In these instances, Jihad seems to be at odds with what he thinks he should be, and who society thinks he is. People who are disabled sometimes find that they are a person divided.

A particularly insightful discussion of the duality of self is presented by Susan Gabel who states that she uses her body 'as a site of imagination as a means of constructing images of [her] "self"' (Gabel 1999: 38). According to Gabel, self is not synonymous with the term body, although the 'self' resides within, or is located in the body. In this individual, self-motivated identity, a steadfast belief is held: that self-consciousness is permeable and malleable, and can be linked to outside factors. Gabel further argues that, 'As subject, I intuitively know my "self" and construct a view of myself as a disabled person. As object, I sit outside my "self" and interpret what is happening to me from the perspective of others' (Gabel 1999: 39). The impaired body thus becomes a site of production and a receptacle for dominant

cultural paradigms or, as Corker and French put it: 'The impaired body is both a site of discourse production and a site onto which cultural discourses are projected' (Corker and French 1999: 4).

An individual's relationship with his or her body is mediated by cultural beliefs about the body. In 'Western' cultures, for instance, fatness is associated with lack of control. The failure to integrate one's body into the conception of self is a result of the stigma of obesity. Bordo notes this 'moral coding' of the body whereby the obese body is seen as the 'unrestrained body' which in turn represents an 'unrestrained morality' (Bordo 1990: 90-94). Similarly, the disabled body is morally coded and thus heavily stigmatised. For the person with a physical impairment, moral judgements are not made about its lack of control per se, but its 'unnaturalness'. While certain types of 'unnatural' and 'unvalued' bodies can be stigmatising, an individual's perception of self does not always remain the same. Not all people remain in a state of alienation from their bodies and their notions of self are not static. Because the body is regulated according to culturally defined ideals, it is a site of 'symbolic work and symbolic production' (Turner 1996: 185). The deviant, stigmatised body presents a challenge to bodily norms and ideals. The undesirable, stigmatised individual must manage and thus reduce the negative consequences of this.

Jihad felt like a man, yet he felt that society did not see him as such. A brief discussion of the cultural production of gender will clarify certain aspects of the role of the body in the production of disability. For Judith Butler, the body is conceived of as a process, the materialisation of which is highly constrained and limited by 'regulatory norms' (Fraser and Greco 2005: 45). According to Butler, the materiality of the body is the site where a drama of sexual difference plays itself out. 'Sex is,

thus, not simply what one has, or a static description of what one is: it will be one of the norms by which the “one” becomes viable at all, that which qualifies a body for life within the domain of cultural intelligibility’ (1993: 2). That a reiteration of norms through the body is necessary, she states, ‘is a sign that materialization is never quite complete, that bodies never quite comply with the norms by which their materialization is impelled’ (ibid.).

The materiality of the body is thus, for Butler, an integral part of the production of a gendered identity. Further, she sees the materiality of the body as the effect of a dynamic of power (ibid.). Butler’s argument helps to elucidate why Jihad experienced a loss of masculinity when he became disabled. His disabled body disallowed his status as a ‘complete’ man. The men’s rejection of the possibility that Jihad, or any other disabled man, could take part in married life suggests that the disabled bodies of men presented a challenge to the masculine order. Interestingly, rather than seeing disabled men as impotent, they were perceived as a challenge. Jihad thus became a subject through the discourse of masculinity by virtue of his exclusion from it. Here, ‘power operates successfully by constituting an object’s domain, a field of intelligibility, as a taken-for-granted ontology’ (Butler 1993: 34). Thus Butler’s question becomes important: ‘To what extent is materialization governed by principles of intelligibility that require and institute a domain of radical *unintelligibility* that resist materialization altogether or that remains radically dematerialized?’ (ibid.: 35). Here, certain types of materialities must be excluded from the domain of intelligibility ‘for those economies to function {...}’ (ibid.). In Lebanon, the disabled male body was constructed as ‘male’ through its exclusion from the economy of male bodies. A woman, who would willingly marry a man who was disabled, posed a threat to the masculine order. Further, this example indicates

that masculinity was constructed not simply through the body, but also in relation to others, that is, women.

Goffman (1963) argues that all individuals are 'discreditable,' which suggests that the possibility exists for a stigmatising difference to be brought into the open and for the individual to become devalued. In his book *Stigma: Notes of the Management of a Spoilt Identity*, he states that people such as drug users, criminals, racial minorities and 'cripples' are people of devalued status who must accordingly manage their spoilt identities. Robert Murphy, in his book about his personal transition from able bodied to disabled, argues that '[w]hatever the physically impaired person may think of himself, he is attributed a negative identity by society, and much of his social life is a struggle against this imposed image. It is for this reason that we can say that stigmatisation is less a by-product of disability than its substance' (1987: 113). In both of these instances, we hear echoes of the same sentiment; disability is essentially created by society, but connected to the body. Though not all of Goffman's categories of stigmatised identities are bodily, stigma may arise from the body. If stigmatising difference becomes part of the public domain, the individual is not merely discreditable; s/he is discredited. An individual will thus have to manage his or her identity so to avoid discrediting difference from being known by others. This management of difference resonates with Butler's notion that individuals strive toward the normative ideal.

Saba Mahmood (2005) draws upon both Foucault (1997) and Butler (1993), to show how individual subjectivities are constituted within structures of domination. Mahmood's perspective on the individual and agency suggests that 'the very processes and conditions that secure a subject's subordination are also the means by which she becomes a self-conscious identity and agent' (2001: 210). Her discussion



of the manner in which the subject is formed 'encourages us to understand agency not simply as a synonym for resistance to relations of domination, but as a capacity for action that specific relations of *subordination* create and enable' (ibid., *emphasis in original*). Here Mahmood draws directly upon Foucault, whom she cites:

Such a way of thinking about agency draws our attention to the practical ways in which individuals work on themselves to become the willing subjects of a particular discourse. Importantly, to understand agency in this manner is neither to invoke a self-constituting autonomous subject nor subjectivity as a private space of cultivation. 'Rather, it draws our attention to the specific ways in which one performs a certain number of operations on one's thoughts, body, conduct, and ways of being' (Foucault 1997: 225 cited in Mahmood 2001: 201).

My concern here is not with agency per se, but rather the (re)creation of subjectivity within, and in resistance to, systems of domination; systems in which an individual (re)constructs his or her identity.

In order to fulfil the requirements of manhood, Jihad had to manage his stigmatised identity by pursuing other possibilities within the economy of masculinity. The notion that men were the 'bread-winners' of the family meant that if Jihad could find a job that paid enough, there was still a chance that he would be able to find a wife:

I am continuing my studies and getting good grades and I will do a masters and PhD. You look at them they look like strong men, but they can't open their mouths. Maybe they are men. But they couldn't do a PhD. They will be poor in the future. I think I have to study to get good grades to get a good job and marry someone beautiful.

Jihad feared that he would not be able to marry, because he could not provide the financial resources that would make him attractive as a spouse and which could compensate for his physical impairment. He was simply afraid that he would not be able to perform his gendered role. Jihad's desire to fulfil the requirements of 'manhood' thus evolved around his ability to secure a job and eventually find a wife; he had to take a secondary route to fulfil his role as a man and provider for the

family. It is worth noting that although Jihad had been rejected because of his 'bodily imperfection,' he still expected his future wife to be beautiful. This was a sentiment that was iterated often in interviews with other people, regardless of whether or not they were disabled. Many of the disabled men and women with whom I spoke clearly stated that they would not marry someone who was also disabled. Paradoxically, in doing so they held onto the very same system of values that created them as disabled.

Jihad's management of his disability was one way in which he attempted to regain his status as a man:

Maybe I am trying to compensate. Maybe if I get a good job, really well and prove myself maybe that will compensate for my disability. If someone is very short, when they come into a room, people will say, "oh he is the short one". But if he started to get good grades and he starts to show that he is a genius then they forget that he is short. They will say "Look, the genius came". I try to do this.

Jihad did not like to consider himself disabled, but his body defied his self-perception. Most notably, he did not want to get involved with any of the organisations for disabled people. 'Abominations' of the body, as Goffman argues, are one of the many ways in which stigma arises. The body is seen to be an instrument of communication that conveys information about a persons' membership in, or exclusion from, a given social order. According to Goffman, a person with a stigmatised identity will 'manage' their diminished state in order to ameliorate any negative social repercussions that might result from the acknowledgement of a stigma. Thus, for Goffman, the body is implicated in social relations of power where the disabled body is part of social disorder, rather than social order. For Jihad, stigma arose through the 'abomination' of his wheelchair-bound body, and he attempted to manage this through his choice of movements/associations.

And after I became disabled, I was trying to forget that I was disabled. I usually don't go to places where disabled people are. I have a centre with a gym for disabled people near my house and my parents asked me "Why don't

you go to the gym and get some physiotherapy?” But I prefer not to be in contact with disabled people. I prefer not to be with others who are disabled. There is also a centre near my house called Arc-en-ciel. They are the biggest centre for disability. They do many things like going on trips to Syria and to France and things like that. But I don’t want to go with them. Just because we are all in wheelchairs doesn’t mean that we have to be together. Maybe someone who is not in a wheelchair has interests more similar to mine.

Jihad did feel like a disabled person and instead described himself as someone with a neurological disorder. His wheelchair and body nevertheless betrayed his self-perception and labelled him as a disabled person. In his account of his experience of becoming disabled, in *The Body Silent*, Robert Murphy speaks of the alignment of mind and body and notes that:

[f]rom the time my tumour was first diagnosed through my entry into wheelchair life, I had an increasing apprehension that I had lost much more than the full use of my legs. I had also lost a part of my self. It was not just that people acted differently toward me, which they did, but rather that I felt differently toward myself. I had changed in my own mind, in my self-image, and in the basic conditions of my existence (1987 [1990]: 85).

Similarly, for Jihad, and many others who are disabled later in life, the experience of becoming disabled constitutes a significant change in self-identity. For those with less noticeable or less impairing disabilities, however, the relationship between body and “self” need not be as problematic.

## **Elias**

The next person whom I will discuss is Elias, a man who was one of my good friends. His disability was different from that of Bashir or Jihad in that it was not visible, or noticeable. While Elias said he was not self-conscious about his physical impairment, and spoke about it during the interview as constituting his ‘self’ as an artist and painter, I only knew about his disability because other people told me that he was disabled.

I had known Elias for a year before I discovered that he had lost the lower part of his leg due to a landmine. When I called Elias to ask if I could interview him for my research, he asked me, 'Why?' I explained that while he had never told me himself that he was disabled, others had. What I had perceived as his reluctance to talk about his disability was not necessarily the case as he did not indicate any negative feelings on his part; on the contrary. He said that in fact he was on the UN commission for landmines. It was then that I learned how he became disabled.

When I interviewed him, he pre-empted my questions about his disability by telling me that he had spoken about it so much that he had 'perfected his answers'. 'Speaking about one's disability,' he said, 'was one of the only ways to deal with it'. Elias was an artist in his mid-30s and was of Syrian, Christian descent. He had come to Beirut at the height of the civil war for the same reason many young men at the time came— to 'feel like you are alive'. Elias' shoulder length hair and quirky sense of style signalled that he was artistic, rather than a 'conservative' man. Not only did he frequent many of the local artists' pubs, he was also the owner of a successful Lebanese bar. Elias spoke positively about his disability and said that he enjoyed the altered state of his body. He felt his accident was a catalyst for other aspects of his life. Elias' relationship with his body was interesting in that he said he had a general disregard for it. When he was young, he said, he had had many 'close encounters with the war'. This, he felt, gave him a sense of invincibility and of being a 'superman':

I have many injuries. This was from a shell, and this one was from a bullet. And I was shot here. I almost broke my back when I was like 7 and jumped from the first floor to catch a bird.

Although he cautioned me not to put him in the category of war-disabled, the war had a marked impact on the way he perceived his body before he had his accident.

The Lebanese Civil War, which was happening around him while he was growing up, altered his relationship with his body:

You know what is strange. When I was young, I used to limp when I walked. My father would tell me “walk right!” I think I was meant to be disabled. Unconsciously I think I knew this. You know what? I think I was looking for my injury.

I was interested in many things, but nothing was really driving me. Nothing like that feeling that drove me to that minefield. Later, I read that Rodin, the painter, said that the artist is not an accident. And I inflicted my own accident.

When I got injured I was in the mountains, in the north, in Batroun on a trip with my family. I went for a walk and saw the signs, but it didn't look like anything. Something in me gave me the feeling that I would be able to pass. I guess I thought I was Superman. I walked through the minefield and stepped on a land mine. It took them 5 hours to rescue me because I was in the middle of a minefield!

After the explosion, which took off Elias' foot, he needed several operations in order to fit a prosthesis. The prosthesis would, with great pain, allow him to walk in a 'normal' way although he said he sometimes walked with a limp. Elias had lived with the pain of wearing his prosthetic leg for so long that he felt afraid of losing the pain. He did eventually have an operation that would reduce the pain from the prosthesis. Elias bragged about his 'toughness' and his many 'women friends'. The pain and his ability to cope with it, as well as his many girlfriends, was clearly a constitutive part of masculinity. Throughout his life, Elias stated, his relationship with his body had been careless. He intentionally denied himself the use of parts of his body and told me that he would tie his arm behind his back for a week to experience what life would be like without the use of his arm. These exercises gave him an appreciation of his own disability and after the exercise, he felt lucky: he had only lost a foot!

Once Elias lost his foot, his body came to have special significance *because* of this very imperfection. This contrasts greatly with Jihad's feelings of anger and



shame toward his body. In contrast to Jihad, it is also important to note that Elias' disability was easily hidden. Elias was able to walk with the aid of a prosthetic foot, and could hide his disability by wearing long trousers. Jihad, on the other hand, had experienced a far more debilitating and visible form of disability. The differences between these two examples relate not only to the body, but also to the degree of willingness to assume responsibility for one's disability. Elias went so far as to suggest that becoming disabled was something that was meant to happen:

After the first operation, everyone promised me that I would be able to walk again normally. But I didn't care about that, because now I had something different. I lost my foot!

The multiple experiences of disability and masculinity require that the body be understood as both an experiencing body and a body imbued with meanings that are independent of the individual's perceptions. Grosz states that the body can be understood on three different levels. On one level it is a natural object (like the kind which medical science treats); at a second, it can be understood as a tool or vehicle for a wilful, thinking mind; and at a third level, the body can be understood as a semiotic or 'signifying medium' (Grosz 1994: 9). Neither of these categories alone provides a sufficient understanding of the experience of disability. Taken together, however, they provide a more complete picture as negative ideas about the disabled body, for instance, feed into the very experience of that body. Bodies are in fact scrutinised as signifiers, but the disabled body has been attached with so much significance that it is not a passive medium onto which meaning is simply attached. Disabled bodies become objects of scrutiny and moral judgment. Leder notes that awareness of the body is intersubjective. The experience of the body is profoundly social and is constructed through the other's gaze being directed back onto the body. He asks: '[a]m I fat or thin, beautiful or ugly, clumsy or agile? My self-

understanding always involves the seeing of what others see in me' (Leder 1990: 92). Culture attributes the disabled body with meaning but, as I argue, this is usually not the meaning that the disabled individual would wish for. Similarly, physical impairment often hinders or prevents the disabled person from expressing a specific meaning through their body. Disabled people therefore minimise social marginalisation by using and manipulating the various meanings attached to disability.

Elias' disability became a tool and he would further manipulate his already deviant body into further states of impossibility, challenging expectations of body presentation. He concealed and revealed his disability, thus utilising and manipulating common perceptions of, and reactions to, the deviant body:

Before I had the prosthesis, I wore a boot that I could turn around backward. This was something I would do when I was out with my friends. I would go out and walk with my foot on backward. This was one of the ways I used to overcome it. It was one of my ways of dealing with it. I was taking the piss out of people. I wanted to see their reaction. I guess I had already overcome it.

Elias said that he enjoyed having his disability. His family, however, saw it as something that might cause problems for him and his grandmother was afraid that it would affect his chances of finding a wife. While Elias was not married at the time of the interview, he had had several girlfriends throughout his life. His disability did not take from him his chance to be a 'man' as was the case with Jihad:

The first thing that my grandmother said to me was 'don't worry my son, you can still get married'. I laughed my ass off. I thought wow! The thought of having less of a chance of getting married was relieving for me. I don't want to get married!

It is important to remember that Elias' disability was easily hidden; he did not carry the burden of a stigma unless he wanted to. He told me about his family's reaction to the accident:

My mother cried of course. But I don't actually know how they felt, because we never really talked about it. I don't know why there was a silence. I guess that they figured that if I got over it, it would be easier for them.

My father is dead now. Even at that time they didn't even really...they kind of felt that if they treated me like nothing happened then it would be better. It was better for them. Probably the silence was a kind of denial that it had happened. People used to tell me that I have to pray so God can help me to can walk again. But I don't believe in God.

Elias' family hoped that through prayer—and silence—he would be better able to get through the ordeal of his disability. The family feared that a change in Elias' body would hinder his ability to get married, but he stated rather clearly that he was not a disabled person:

I don't hover around it like 'Oh I am disabled'. It is not the issue. Sometimes in a cynical way in my life. You see, I talk about disabled people, but I am not talking about myself. Because... come on! I mean, maybe it is a denial thing, but I don't think I would classify as a disabled person. But when I want to, I do. It is like a card I play. Stupid people force me to use the 'card' and it is a winning card every time. There is no arguing. So I have an advantage, you know. And I work it. I know how to use it.

The fact that Elias was missing a foot gave him the ability to use the category of 'disabled' to his advantage. The duality of disability is clearly summarised by James Staples who notes the 'paradox of disablement' where 'certain impairments in certain social contexts are simultaneously disabling and enabling' (2005b: 13). His research cuts through dichotomies such as 'structure' and 'agency' and uses Bourdieu's notion of habitus to refer to the 'socially constituted systems of cognitive and motivating structures that provide both the individual and the group of which he, or she, is part of a wide arc of predisposed ways of relating to, categorizing, and responding to social situations' (2005b: 15). Staples' contribution to the study of disability centres on his refusal to define and examine disability entirely within a 'framework' of oppression (ibid.: 18). The 'transformation of the stigmatised "clawed hand" of the leprosy sufferer,' for instance, 'which barred them from many

social spaces was symbolically transformed in begging contexts to become a vital resource' (ibid.).

As we have seen, Jihad, Sami and Elias dealt with and managed their identities in a variety of somewhat contrasting ways. What they did have in common, however, was the fact that they were not part of any disability organisations. The stories presented in the final part of this chapter concern men and women who were actively involved in the disability rights movement and as such, they indicate altogether different conceptualisations of disability than those already discussed. I have divided these narratives in order to highlight the slight but important shift in the ways in which those not aligned with the movement thought about their identities and the discernable ways that people explain and 'manage' their identities.

### ***Becoming Disabled, Discovering Rights***

According to Anthony Giddens, narrative and the way we tell stories about ourselves is central to the construction of self; the self is only reflexively understood in terms of biography (1991: 53). Giddens sees "self" as constructed through the choice of whom we identify with. He posits that we create ourselves through a narrative of self where a sense of knowledge about the self is derived from others.

In the following, I examine the ways in which the narratives of becoming (and being) disabled relate to the notion of rights. This notion arises in the stories I present because their authors are members of the disability rights movement: Abdullah is the president of a local disability rights group, and Amal is employed by this same organisation. Karim, whose story I present at the end of the chapter, similarly became a member of a local disability rights group. What I seek to

highlight in this section are the differences in the ways these people described their relationships with their bodies.

### **Abdullah**

At the time of the research, Abdullah was the president of a local disability rights group that had split off from the LPHU in its early years. I had heard about Abdullah long before I met him. He was also a professor at a local Lebanese university and has published extensively on disability in the Arab World. During the interview, we spoke about many things, one of which was how he became disabled and brought the rights movement to Lebanon:

I had my car accident and I went to the States, and then to England to seek treatment. It was there that I became part of the disability rights movement in the West. Then I came back here. Okay? When I was abroad, I was able to convince international agencies to fund our new ideas. So this is how we started.

Here, the emergence of the rights movement was personal and part of Abdullah's own story. But further to this, he attributes the instigation of an entire movement in the country to his accident and disability. During his trips to America and the UK, he did not find a medical cure, but instead he discovered the new emerging discourse of disability rights.

Abdullah's feeling of loss when he became disabled was similar to the others presented in this chapter. My interview with him focused on masculinity and the challenges that he faced being a disabled man in Lebanon. In his responses, one can see that disability presented a challenge to his ability to fulfil his gender identity, as was the case with Jihad. His responses also, however, show the paradox of disability, whereby it can act not only as a constraint but also as a 'passport,' allowing access to certain types of positions which he could take advantage of. Abdullah first clarifies the terms 'man' and 'masculinity'. He argued that in Lebanese society:



a 'man' is integrated into society. A man is complete, strong. He is capable of being leader and can made decisions. This is the image of a man in society - a leader who can make decisions. The woman is the one who is led by this man and supports this man for his end. So once you are disabled you are no longer a part of this 'image'. You lose this privilege. By conditions, by culture, by heritage. Therefore one of the major disadvantages I face with a disability, especially since I got it as a result of a car accident and not by birth, is that I used to have this manhood position, but suddenly because of this accident I lost it.

Abdullah's understanding of what it means to be a man included the notion of integration involving not just being, or living within a society or among people, but being part of society as a 'man'. The 'man' that Abdullah is referring to is not any 'man' but rather a norm comparable to that suggested by Butler: a 'norm through which a person becomes viable and which qualifies a body for life within the domain of cultural intelligibility' (1993: 2). Abdullah had once had the 'privilege' of being integrated into society. Anybody who did not fit the dominant, patriarchal image of a man was not accepted as a man, or was simply seen as less of a man. While Abdullah felt this loss of position, he was not willing to accept it. Both Abdullah's and Jihad's stories illustrate how their sense of masculinity was challenged by the transformation of their bodies after the onset of their disabilities. In essence, disabled men become subjects within the economy of masculinity by virtue of their exclusion from 'regulatory norms'; their exclusion being due to their disabled bodies and their inability to enact gendered norms. Contrary to the argument of social model theorists, the body, as well as society, *does* have a role within the experience of disability.

Marcia Inhorn has made some significant contributions to the small but growing literature on Middle Eastern masculinities. Her research has focused primarily on the importance of fertility and reproduction in the creation and maintenance of masculinity (Inhorn 2007: 4). Male infertility in Middle Eastern

cultures can be strongly stigmatising. For Middle Eastern men in Cairo and Beirut, the inability to produce offspring is emasculating. These men 'deem paternity an important achievement and major source of their masculine identity... the inability to produce sperm, may come as a striking blow to men's social identities, with far-reaching implications for constructions of masculinity' (Inhorn 2004: 164). Inhorn's work points to the importance of paternity for men, and the preeminence of the production of offspring in Middle Eastern social life.<sup>32</sup> Here, the biological and the social collide. Not only is a man's lack of ability (to produce sperm) itself a problem for these infertile men, but the social implications of the inability to perform (or produce) a family is a further obstacle that they must navigate. Similarly to male infertility, disability resonates at both a somatic and a social level. Family plays an important role in Lebanon and serves as a metaphor for both private and public/political life (Joseph 1997). Making, expanding, and caring for a family or kin group, creates 'belonging'. Bashir's inability to find a wife and have a family effectively meant that he was not a 'complete' person. It is interesting to note that the word *qa'id* (deserter) is etymologically connected to the word *muq'ad* which translates as 'one who is made to sit down'. *Muqa'id* is a common word used for people with disability in the Lebanese colloquial dialect. Interestingly, *qa'id* can also refer to someone who shirks military duty. Further, the word '*ajiz*, can connote the meanings of incapable, handicapped and sexual impotency. In the etymological sense, disability and virility are thus intimately linked.

Kanaaneh, drawing on the work of Peteet, shows that beatings and imprisonment by the Israeli military have been turned into 'a cultural criterion of manhood' (Peteet 2000, cited in Kanaaneh 2005: 262). This clearly suggests that

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<sup>32</sup> Speirs (2007) notes the association between male potency and reproduction and suggests that male infertility can often bear a serious stigma.

masculinity is indeed embodied: 'Palestinian masculinity references abilities to protect, defend and sustain home and family, whereby this protection demands militancy or social astuteness' (ibid.: 262). Furthermore, physical appearance, especially when donning a uniform or other 'military props', creates the image of masculinity (ibid.: 264). Bouhdiba (1975) and Khal (1998) have written about circumcision in the Middle East as a way of 'making men' (Khal 1998: 29-32). As an initiation rite, circumcision, 'carried out in blood and pain', symbolises the transition from boyhood to manhood. Further, it 'defines a relationship of inclusion within the community. Circumcision marks membership in the group' (Bouhdiba cited in Ghoussoub 2000). Thus communal identity is created and maintained through body alterations. In this example, the ritual inscription is not only of masculinity, but also of a Jewish identity.

While the body has been widely accepted as a means through which the self is constructed, there is nevertheless a danger in claiming that the body is the only part of the experience of disability. The disability rights movement, and others such as the feminist movement, have worked hard to remove the 'rationale of biology' (Butler 1993: 33). But to argue that the body is not part of the experience of disability is also to deny the fact that disability provides people with the *ability* to construct alternative identities. If we refer back to Elias and his experience of losing a foot, for instance, he felt that this event determined who he was. He became an artist because of his impairment and enacted his masculine identity, not despite, but because of, this impairment.

Abdullah also described the engagement with these normalising discourses as a 'passport':

My wheelchair is like a passport for power and for position, for prestige and for privileges as much as it is a barrier to many things... you are trying to

prove yourself at the same time. In every moment, you are gaining some sort of self-satisfaction that you are able to do something. When people find out you are a professor at a university in a wheelchair “Ohhhh!” they say. The wheelchair is not an impediment to being who I am. I began to run for elections and became a professor. In every moment, I am proving that I am still the man that society refused to me when I came to be in a wheelchair. I think this is what you find in a patriarchal society.

Therefore, the question is whether the fight and struggle of the disability movement is also a fight and struggle to change the idea of what a ‘man’ is. But to ask for this is to ask for a revolution, and to ask for a revolution is too far away.

Thus far, I have presented examples of men, and the ways in which they understood their disabilities; imagined and perceived their relationships with their bodies; and related to broader social discourses of disability. I will now turn to the story of a woman, Amal, and her experience of disability. Unlike Bashir and Jihad, Amal was part of the disability rights movement. The degree of her involvement in this movement was reflected in the terminology she used throughout the interview, which was steeped in the rhetoric of rights.<sup>33</sup>

### **Amal**

I met Amal through Boulos and Bashir, as all three were friends and attended the same church. One evening I went to Amal’s house in a Christian suburb of Beirut, and she told me about her life and experiences at great length. I will begin where she began, with her childhood. She described for me her experience of becoming disabled when she was four years old and was hit by a car. This left her without the use of her legs and reliant of a wheelchair. Her school in the South of Lebanon was not accessible to disabled people, but the principal accommodated her by arranging for all of her classes to be held on the ground floor. Amal’s sister, who was present at the interview, would often interrupt and elaborate on parts of her narrative. These

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<sup>33</sup> The interview with Amal was conducted in English.

'corrections' were made at moments when Amal's sister felt that she was not telling the entire story. What slowly emerged was that Amal experienced her disability in gender-related terms. In the following excerpt, Amal's sister interjected to point out that people look at her with pity as she is both a woman and disabled:

Amal's sister- They look at her and see that she is disabled, and they say *haram*.

Amal- Yes, people look at us with pity. But I like that. I laugh when I hear these things my whole life. I can drive, I have my own car.

Amal's sister- Like when she is getting in the car they give her that look, the pity look. They say 'too bad because you are beautiful'.

Amal- Yeah, they say, 'you have a beautiful face but why did she have to be disabled and sitting in a wheelchair. They make a big deal out of it. They start to sometimes cry. They start to cry and that makes me laugh. This is strange behaviour from people. Inside of me, I laugh. But why do I laugh? I laugh at their wrong thinking. There is no education for their wrong thinking.

Amal is accordingly judged not only for the failings of her body, but also because she is seen to be 'beautiful'. This is regarded by others as a double tragedy. Amal was an active member of a disability rights group, a group that worked closely with Abdullah. This is revealed in her responses to what she calls the 'wrong thinking' of society. She spoke positively about her disability, even expressing that she sees her wheelchair and herself in her wheelchair, as beautiful. She did not integrate the negative thinking about disabled women in her own self-perception:

The first problem a disabled woman faces is that society only sees her as her wheelchair. They think she can't cook, or can't keep a baby, nor sweep the floor, nor that she could drive a car, go out shopping. But all of these things... she can do, she can! They don't know the disabled woman's full capacity.

In this country, people think that a disabled woman can't get outside her home. They also think that she can't get an education. I know some women that didn't go to school even.

There are men who only want to marry a non-disabled woman. He doesn't want to build a relation with a disabled woman. If a non-disabled man searches for a woman who is disabled he will be searching for a servant.



Here, Amal means that any man who would accept to have a disabled women as a wife would only want her to cook and clean the house for him. In many of the stories I have presented, the men often expressed that disability was, to some extent, connected to their bodies and the way that society denied them the ability to perform their gendered roles. In Amal's explanation of her, and other women's experiences, she locates disability within society and its 'wrong thinking'. Similar to Jihad, Amal's disability relates to both the marital and domestic spheres. The fear that a disabled woman will not be respected in a domestic relationship shows dynamics of power which pervade a disabled person's life. The fear and anger which she expresses in relation to this imbalance of power does not translate into other aspects of Amal's experience. Here, she does not seem to experience her body as a location or source of her disability. Rather, it is in the 'wrong thinking' of other people that is the source of power imbalances. In Jihad's case, masculinity was to have muscles and embody masculinity. In Amal's situation, she feared that her physical impairment would make an able-bodied man expected her to be *more* submissive, and become a slave.

Writing about disability in Britain, Carol Thomas has suggested that 'perhaps disabled women occupy different kinds of social locations to disabled men, because more than one system of oppression is in operation' and due to this, 'have priorities which are not addressed within the social model' (2002: 48). The notion that Amal does not relate to social prejudices against her disability in the same way because she had a 'double barrier,' however, does not seem to be an adequate explanation in itself. Mike Oliver suggests that women in particular may experience disability differently as theories of disability have often been based in the "ideology of

masculinity” which limits the range of personal responses open to both disabled men and women’ (Oliver 1990: 71).

Whereas disabled men are obliged to fight the social stigma of disability, they can aspire to fill socially powerful male roles. Disabled women do not have this option. Disabled women are perceived as inadequate for economically productive roles (traditionally considered appropriate for males) and for the nurturant, reproductive roles considered appropriate for females. (Fine and Asch 1985: 6, cited in Oliver 1990: 71).

Oliver goes on to claim that disabled women suffer a ‘double disability’ as they are not allowed to enter traditional male roles, and at the same time are seen as asexual and therefore unsuitable for, or incapable of, motherhood (1990: 71). Veena Das and Rena Addlakha also note the various ways in which domesticity and kinship are enacted in relation to disability and impairment: ‘Disability and impairment come to be defined as particular kinds of objects that slide into notions of defect that mark other social categories such as that of gender’ (2001: 215).

In the stories of both Jihad and Amal, we can see that people with bodily impairments are given the role of ‘disabled’ which highlights, not only that there is a gender hierarchy, and that it is related to the physical body, it shows that body form dictates one’s place within the gender hierarchy. Leaving or attempting to change this role can lead to severe sanctions. What is of relevance here is that disability and impairment are entangled with ideas of gender and the enacting of kinship relations. In other words, disability and impairment are crucial to the role that disabled women are expected to assume within the family and the larger kin network. In this example it is evident that the place of the disabled woman is not that of an ‘able’ woman for whom a normal life trajectory, namely marriage, childbearing and the keeping of the domestic space, would be expected.

## Karim

Karim is the next person who I will discuss as his story illustrates two of main issues in regard to disability in Lebanon. The first is the way in which people who have become disabled position themselves in relation to the 'naturally' disabled. The second is the ways in which people experience their disability in relation to the war. Karim was a strikingly handsome man with a strong, refined nose, dark hair and tanned skin. At the time when I met him, he had been working for the LPHU for several years. He was not just a member of the LPHU but was one of the main administrators of the Beirut branch. Karim and I were comfortable with each other at work, but he was slightly hesitant to speak to me seriously about his disability. We did sit down once and he allowed me to turn on the tape recorder while he told me the story of how he became disabled.

In addition to spending time with Karim at the LPHU office, I stayed with him at his house in the mountains. Karim and his family were Druze.<sup>34</sup> Karim's parents had passed away when he was nine years old. Another volunteer at the LPHU and I had met Karim at his house so that he could drive us to a music concert at *Beit ed-Dein*, an ancient amphitheatre and popular venue for music performances. The show ended late and Karim invited me and the other volunteer to stay at his house, as it was too late to drive us back to Beirut. Karim lived with his older sister. She helped him around the house. For instance, when Karim slept for the night, it was his sister who helped him into a sling-like device that could support his body weight while he moved from his wheelchair to the bed. Devices like this one were central to the lives of many of the disabled people who were living an 'independent' life.

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<sup>34</sup> The Druze religion is the third largest religion in Lebanon. It is said to be a distant branch of Shiism.

As mentioned in the introduction to this chapter, Karim's 'interview' was really a monologue in which he commandeered the flow of the conversation. I take this to suggest, not that he would withhold information from me, but rather that he wanted to make sure that he told his story in-depth, and presented a specific version of his experience. In describing his disability, Karim made statements, not just about his personal experience, but also against the Lebanese Civil War. Karim had become paralysed from the waist down after he was shot by a sniper while walking in public. He was shot just four months before the civil war ended in 1990. He was in his 30s when I interviewed him. During the hour-long interview, he described the anger and hatred he felt toward the person who shot him. His disability made him take a political stance toward the war, though he did not take up arms. After Karim was shot, he awoke in the hospital to discover that he could no longer use his legs. This, he felt, gave him the sense that his entire life had 'floated away'. The life that he had imagined for himself was interrupted, changed into a new unfamiliar form by virtue of the fact that he could no longer walk. His experience of becoming disabled in such a dramatic way meant that Karim had, and still has, a difficult time accepting his disability.

When I was shot, I could not understand why it happened. [What happened to me should have been] for someone else who *fought* in the war. But now it is my pain and suffering. I was one of the people who didn't like the war, this bad war.

I lived the war, but I did not share it. I have my own ideas about civil wars and why they happen and why people let themselves get involved. Some guys have their guns, other have their pencils. I was one of the guys who like to hide behind pencils, not guns.

I wanted to stand on my legs, but I can't feel them. When I got the wheelchair, I had to finally let the [desire to walk] pass. I had to let go; to not let that sniper whom I didn't know, who wanted to take my life... I won't let him take more of my life. I want to let him know that some people are good.

After Karim became disabled, he worked as a photographer for a time, during which he was haunted by what happened.

I worked at parties and weddings, and when they would shoot the guns in celebration of the wedding, I would have memories of those gun-shots that injured me.

After I got shot I liked photography because I could see myself walking in my pictures. They are perfect and that means that I am going forward. It gives me a good feeling.

While Karim appears to shy away from calling himself war-wounded, there is no doubt that the fact that the 'senselessness' of his injury affected the way he thought about his disability and his self.

When you live with people who have no understanding of disability, they say to you "Oh my god, let me, or let God help you". You have to keep in mind that they are ignorant about disability. How could a disabled person be as good as themselves? I know in my head and from my heart that I have to be myself, not to let other people say, "Oh, look at him, he is good." No, I build myself up. I could kill that man who pointed his gun at me, and looked at me through the scope of his rifle. This person is like an insect, I could kill him. Never mind all of these things about civil war, but, I will kill him by standing up again, and making things better for my society and for myself.

For a long time he dealt with his disability privately, but eventually met with a disability group. He was uncertain about whether or not he belonged among 'those people'. Karim did not feel that he was a disabled person. Rather, he was a man who was shot, and lost the use of his legs. Although he never spoke directly about his body or his disability in the same way as the other men in this chapter, he recalled a time when he was able to walk. 'Disability' had nothing to do with him; it was something that described other people, especially those who were disabled from birth. Just like Jihad, he felt that the real 'disabled' people have an 'easier time' as they have dealt with their difference since birth. Sitting in a wheelchair that symbolised disability, his bodily appearance nevertheless included him, albeit rather unwillingly, in the category of disabled:



I came to the centre and I saw them, and how they were working, I saw the difference between them and me. I saw how difficult it was for me, a man who was simply wounded one day. I saw how they lived with this pressure from when they were born. They have never known how it feels to walk. This made me realise that I have to work for myself, because these people get nothing from society.

This chapter began with Goffman's notion of stigma as a useful way to examine the relationship between social perceptions of deviance, and individual management of identity, which seeks to lessen the exposure and impact of shameful bodily difference. I have ended this chapter with Karim, whose experience of becoming disabled forced him reluctantly to accept the identity of disabled. He did not feel that he was 'one of them' as he saw himself to have been 'normal' in the past. While Goffman's notion of stigma goes some way toward explaining the nature of the relationship between social contexts and people with 'stigmas', it ultimately fails because it locates stigma in the individual. Thus, 'there could be no stigmatizing process unless the individual possessed a stigma in the first place' (Oliver 1990: 66). This approach to stigma and to disability is problematic as it negates the significance of negative social attitudes toward differing bodies.

## ***Conclusion***

Being disabled in Lebanon, or any country, entails complex negotiations of self in relation to the different understandings of disability which circulate throughout society. The different discourses which people use to explain disability can be seen to be part of larger historical perspectives. The approach to management and care of people with disabilities has also rested upon these different conceptions of disability. Each disabled person - and disabled group - will have his or her own notion of what it means to be socially included and conversely what it means to be socially excluded. The following chapter will provide a discussion of the different ways in

which disabled people manage their social identities and will highlight larger questions of what it means to be integrated within society.

This chapter has emphasised the ways in which people sought to manage 'stigmatised' identities, in part by highlighting the implicit 'norms' from which they were seen to deviate. In order to examine people's experience of being and becoming disabled, I have used their own stories and narratives to describe their disability. While being formally defined, disability remains a varied and personal experience. By allowing these men and one woman to narrate their own experiences, I have sought to capture some of this variety. Their experiences are all different, and yet share many common elements which I have highlighted. The idea that by letting people tell their own 'stories' or narrative is one way of:

representing experiences and events as seen from the perspective of particular actors and as elements of a cultural account that can tell use something about a social world, however local that world (Garro and Mattingly 2000: 24)

Becoming disabled is sometimes a traumatic experience. It forces people to refashion themselves in order to create the best possible situation for themselves. Following Giddens, Watson notes that 'we are able to choose our identity and can ignore or reject these identities fostered on us as a result of ascribed characteristics. We do this by the creation of narratives about the self and provided we can sustain these narratives we are able to maintain our sense of self' (Watson 2002: 511). The individuals discussed in this chapter managed their stigmatised identities in various ways; some by attempting to work through established gender ideals, such as Jihad's determination to make money and thus become 'attractive' to a woman, and others, by working against them, as seen in Elias' rejection of marriage. Further to their desire to manage their social identities, these people explained their disabilities by considering the political implications of their experiences. Karim and Elias both

sustained their wounds as a result of the war. Lebanon's civil war and ongoing political struggle has meant that they had the ability to utilise the political economy of war in constructing their disabled identities.<sup>35</sup> One might ask why none of the individuals who were wounded in the war classify themselves as war-wounded. The answer to this question seems to have as much to do with the social environment as it does with the political. By describing oneself as war-wounded and by presenting a narrative of war, the individual would have to engage with an explicitly political economy of war. For Elias to call his self war-wounded would involve him in Lebanon's ongoing, intense political situation, in which he wanted no part.

A further aspect of the experience of disability that I have addressed in this chapter is the relationship between these people and their own bodies, and their relationship to others who are disabled. Bashir, Jihad, Elias and to some extent, Karim, all found themselves questioning their similarity to other people labelled as 'disabled'. For these men, the disabled identity did not come easy and, as Karim stated, 'I saw the difference between *them* and *me*. I saw how difficult it was for me, a man who was simply wounded one day'. Karim eventually came to be 'one of them,' though not without some hesitation, but Jihad, on the other hand, understood 'people with disabilities' to refer to someone other than himself.

In many of the examples presented in this chapter, it is possible to understand the rejection of any association with disability as being due to the fact that disability is, largely, a stigmatised identity. In the following chapter, I will look at the LPHU in detail and explore the manner in which they sought to change the perception of disability by making it a political identity. In order to bring out the tensions between the LPHU and their approach to disability, and the feelings of some of the people in

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<sup>35</sup> Chapter 6 will look at the ways in which war-disabled soldiers utilised notions of heroism and sacrifice in order to mediate their disabled identities.

this chapter, I will ask why and to what ends a person might claim a 'stigmatised' identity like disability, as their primary political identity.

## Chapter 4: The LPHU and the Birth of the Disability Rights Movement

In Chapter 2, I have shown that disability in the formal classificatory sense is closely associated with the emergence of the nation-state. In this context, being defined as disabled can be advantageous since it entails state support. In the Lebanese context however, it was only because of the work of a small group of activists that disability rights became an issue. Once the civil war had ended, the Lebanese militias that came together to form the new state made disability one of their social projects. In the previous chapter, I examined experiences of being and becoming disabled and demonstrated the variety of ways individuals manage physical impairments, and the extent to which their impairments related to feelings of disability. What emerged from that chapter suggested that some people resisted associations with other physically impaired people, while others flaunted their impairment. This following chapter will examine the LPHU and the disability rights movement in Lebanon and the establishment of a common platform for people with physical impairments.

The LPHU was set up ‘by disabled people, for disabled people’ to promote disability rights. The goals and projects of the LPHU can be seen as an attempt to confront the state over its approach to disability.<sup>36</sup> The stories presented here will show that disability is a contested category, as it can be an empowering label that provides a special status to the institutions and people who claim to be working on the ‘problem’ of disability.

I will suggest that institutes for disabled people, which are under the auspices of a church or mosque, are also all apparatuses of the state. The work of the LPHU

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<sup>36</sup> In Arabic the group is called *al ihtihad al lubnanioon al muakeen*, translates as The Lebanese Sitting Handicapped Association. However, they changed their name to reflect a more politically correct terminology thus they are known as the Lebanese Physically Handicapped Union or the LPHU.



can thus be understood as an engagement with biopolitical domains that confront or run parallel to the state's more 'subtle' mechanisms of control, which include ministries of health and charitable institutions. These forms of 'care' will be read as types of social exclusion as they seek to hide people with disabilities, or to correct the perceived problems of impairment. According to Joseph, extended kinship has been so central to the political order so much so that 'the boundaries between the public (state), civil society (nongovernmental sphere), and the domestic (kinship) have been purposefully and necessarily porous' (Joseph 2000: 116). In essence, the porousness of the state and kin domains reflects the decentring of power. This diffused power resonates with Foucault's notion of governmentality in which the absolute sovereign 'was replaced by an array of practices and discourse aimed at ordering and controlling bodies and populations' (Aretxaga 2003:399). Authority no longer rests with one actor, but rather, many. Thus, I will suggest that there is not one, but many biopolitical domains through which the politics of disability are being engaged.

### ***Introducing the LPHU***

Before the LPHU's official founding in 1981, its members were anti-war activists who felt the war was a violation of the basic principles of human rights. That LPHU emerged during the war, in the absence of a centralised state, was not coincidental, but rather *central* to how the people within the group positioned themselves politically. They are most notably anti-sectarian. The LPHU was the main site of this research project and was thus the primary entry point for my engagement with disability.

The LPHU had five branches throughout the country; *Joubeyl*, in the north, *Saida* and *Nabatieh* in the south and *Bar Elias* and *Machghara* in the Beqqa Valley,

and Beirut, the hub around which the other branches mobilised. As I have mentioned elsewhere in the thesis, Lebanon's religious divides are reflected geographically. During the war, Lebanon's different religious and political communities consolidated into different areas and in this way, the five different branches of the LPHU, each represent a relatively homogeneous religious group, but often a heterogeneous mix of sectarian alliances. For instance, branches in the Beqqa Valley and the South of Lebanon, will have mostly Shi'ite Muslim membership, while the political and sectarian groups they represent could be, most likely, Amal, Hizbullah or even communist. The membership in Beirut reflected the composition of the city's population and represented all the different religious and sectarian groups.

The LPHU's guiding principles were:<sup>37</sup>

To defend the rights of disabled people; more specifically, to work towards their access to equal opportunities and a quality life and to ensure that their basic needs (health, education, employment, socio-economic integration, freedom of choice) are fully respected and guaranteed;

To eradicate marginalization and gender discrimination from the lives of people with physical disabilities;

To mobilise people with physical disabilities to speak on their own behalf;

To promote the spread of a culture of inclusion and right of participation.  
(Source LPHU internal document, 2004)

They sought to encourage disabled people to be active on their own behalf, thus making disabled people active participants in society rather than passive recipients. To attain these goals, the LPHU targeted their projects toward both the government and civil society. However, as we have seen, the experiences of disabled people are far from unified. While there are similar aspects between people's life narratives, causes of disability, and social repercussions and responses to disability, each

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<sup>37</sup> The LPHU does not have an official formalized constitution per se, rather, they have guiding principles which appear in their documents.

individual has a unique story and experience of disability. In addition to this, each person is connected first to his or her family and kin group, and thereby connected to a political group. Creating a single approach to disability is accordingly very difficult.

I became acquainted with the LPHU through the Internet as they were one of the few disability groups that had a website. When I first met the LPHU, their office was a small, ground floor, two-bedroom apartment in Beirut that had been re-appropriated for use as an office space. The main room was used to hold meetings and host guests, while the other bedroom was used as an office. This smaller room had three desks and it was here many of the volunteers and paid workers spent the day. This room was small and manoeuvring through the maze of desks and chairs was a challenge even for those who were not mobility impaired.

In addition to this 'office' there was a further adjunct office, which held the accounting office, another room for computer training, and another small room that was often full of people and used as a workshop. Here they ran the *maquette* project, an initiative where disabled people were trained to make architectural models. This project had been started because the LPHU regarded architectural modelling as a skill that could provide a viable livelihood for disabled people. The reality of the situation, however, was that no one ever got a job as a model-maker and no models were sold.

The people who worked at the LPHU were either paid workers or volunteers. Although there were many people who took on important roles throughout the office, Lamia was the director of the organisation and a central figure in the office and the person through whom things 'got done'. Her role was that of spokesperson, policy maker and director of the centre. There were also several others, who were in charge

of coordinating activities and organising the central administration of the group. Two young women volunteered with the organisation, one was an Italian woman and the other Lebanese. These women served as administrators, secretaries and media liaisons. The openness and transparency of governance in the LPHU made it a comfortable place for me to carry out research and the people there were forthcoming about the organisation and confident that the work they were doing was noble and their aims legitimate.

The offices of the LPHU also functioned as a community centre. Though the offices were not organised as a community centre as such, they were busy and filled with people working, drinking coffee and passing time. It was a gathering place, as much as it was a work place. Being a part of the LPHU was as much about being



Figure 5: The LPHU building in Saida, Southern Lebanon

there, with other disabled people, as it was about the work they did. Meeting people, sharing ideas, sharing stories and offering one's services was what the LPHU was all

about. The centre was furthermore one of the few places in the city where disabled people from different religions and different backgrounds could meet one another. As such, it was a place where people could build friendships and connections between and across sectarian and religious lines. Crossing these lines was part of the LPHU's agenda about social inclusion and the promotion of plurality.

The LPHU claims to speak for all disabled people and this chapter will suggest that a central aspect of the LPHU's work was to create an 'imagined community' in which all disabled people share the same goal of creating a positive image of disability. Their aim was to encourage the plurality of humanity, where difference is accepted, rather than rejected. This call was supposedly foiled by institutions, such as Bayt Shebab, that were working in the 'wrong way' toward disability management. The call for an inclusive sociality also meant that the needs of all people would be accessed through *rights* rather *privileges*.

Sectarianism is the primary mode of political and social organisation and the invocation of rights, rather than privileges, is at odds with the current Lebanese arrangement in which resources flow along sectarian and kin lines. A call for rights goes against the state's interest. I would suggest that the LPHU is engaging in a form of biopolitics through its open critique of the state and other forms of disability care. This politics of disability is an attempt 'to intervene upon the vital characteristics of human existence' (Rose and Rabinow 2006: 196-197) in order to change the perception of 'self'. Rose and Rabinow elaborate Foucault's notion of biopower and elaborate its three essential characteristics, the first of which is the production of truth discourses about the vital character of living beings propagated by an array of authorities considered 'competent' to speak that truth. The second are strategies for intervention upon collective existence in the name of life and health. The last



element of biopower includes ‘modes of subjectification through which individuals can be brought to work on themselves, under certain forms of authority, in relation [to] truth discourses, by means of practices of the self’ (ibid.: 197). What is of relevance to the present analysis is the *conflict* between these strategies of intervention, as they aim to affect the vitality of populations and the self-conceptions of disabled individuals.

Current debates on disability take the social model to be the only true one, liberating ideology of disability (Shakespeare and Watson 2001). By making disability a social problem, the disability rights movement also engages the political. By bringing out the tensions inherent in the formation of an associational group of disabled people who attempt to negate those differences within all but the political arena, I explore disability as a way of ‘doing’ politics. Biosociality, biopolitics and biological citizenship will be invoked in this chapter and will allow for a deeper engagement with the debate regarding the relationship between disability and the body, and the body and society.

The state’s care and concern for the body politic, as discussed in Chapter 2, shows how the state has a stake in maintaining a basic quality of life for its citizens. We can read the state’s concern to name and identify certain types of dis—or less-abled people as an attempt to maintain the health of the body politic. Criminals, vagrants, lunatics and cripples historically come under the disciplinary control of the sovereign in order to maintain a minimum standard of society. Identifying and classifying individuals was a means of control in which the individual could be either rehabilitated (transformed or rectified) or excluded. Such acts of individual exclusion, or rectification are instances of what Foucault calls ‘discipline’. According to Foucault, a new power later emerged to replace disciplinary power, a

collectivising and aggregating force that he called biopower. From biopower emerged biopolitics— a political struggle in which ‘life as a political object’ was turned back against the controls exercised over it, in the name of claims to the ‘right’ to one’s body, to health, to the satisfaction of one’s needs (Rose 2007: 53). Rose suggests that biopolitics gave rise to the existence of individuals as political subjects. Examined within this light, disability, and disabled people were constituted as subjects through ‘biopowerful’ processes.

The work of the LPHU can be read as an instance of biopolitics to the extent that its *raison d’être* is an implicit critique of the state’s attempts to ‘intervene’ and ‘care for’ disabled people. The work of the LPHU is the primary means through which disability rights discourse spreads and becomes a tool for turning disabled people into informed and empowered subject. As such, it seeks to create itself as a form of knowledge that is competent to speak the truth, and a mechanism for subjectification. The basis for approaching disability through Foucaudian notions of power, rather than, say, identity politics, is caused by the fact that I aim to understand disability more broadly. While the work of the LPHU can be considered through the notion of ‘identity politics’, not all people who are disabled consider themselves as such, nor are they necessarily aligned with the disability rights movement. While all disabled people to some extent engage in either believes or discourses about the disabled body, not all engage in identity politics. What can be observed, however, is that many types of bodies, which are considered ‘other’ or different, are subject to negative stigma, and corrective practices. Thus, it would not necessarily be illuminating to read disability through identity politics alone - disability is not political for everyone. The different concepts of ‘biopower’, on the other hand, allow me to encompass diverse orientations to disability.

## ***The Social Model and its Emergence in Lebanon***

The social model is central the disability rights movement in Lebanon. As outlined in the Introduction, the social model was pivotal to the reconceptualisation of disability as a problem within society, rather than within individual bodies. The social model thus creates a dichotomy between the body and society, a dichotomy usefully elaborated by Talcott Parsons' exposition on the distinction between illness and sickness. Parsons defines health as 'the state of optimum *capacity* of an individual for the effective performance of the roles and tasks for which he has been socialized' (Parsons 1975: 274), thus linking health with the ability to participate in a social system. Illness is accordingly 'interpreted as a legitimate basis for the exemption of the sick individual from his normal role and task obligations' (ibid.). Illness is 'inherently undesirable' and a state one is not expected to remain in, but instead should recover from, or 'get well' (ibid.: 275).

Similarly, disability has been conceptualised as an undesirable social state arising from a biological, or medical condition. This state further dictates how individuals and groups become located within their social system. If taken from a Parsonian perspective, disability, like illness, is an undesirable state that one should 'recover from'. While it is often not possible to 'recover' from disability, corrective bodily practices and rehabilitation are attempts to correct the impaired body. Wheelchairs and prosthetics are two of the ways in which the body of people with impairments is 'corrected'. Institutions on the other hand are quite different forms of 'correction'.<sup>38</sup>

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<sup>38</sup> For Foucault (1961 [2007]) as 'madness' emerged as a social category, new forms of confinement, the asylum, come into being. The asylum emerged as a form of authority and control in which the 'mad' were isolated from the rest of society

The social model motivated much of the work of the LPHU; in fact, the director of the LPHU stated unequivocally that Lebanese society thinks about disability through the medical model. It was thus their mission to turn the common understanding of disability around to be understood through the social model. Lamia, explained to me:

There are people who look at disability as a medical model. They think the problem is within the disability. Our society was organized on that idea. By that, I mean, there were laws that prevented our integration. We couldn't go to regular schools nor could we apply for a job just because we have a disability. The mentality of the society had inherited this stereotyped way of thinking

Negative social attitudes were said to be one of the most pervasive problems. 'Disabled people were hidden either within their family homes, or within charitable and rehabilitation institutions. Disabled people had to live in a social environment where they were totally ignored, which effectively increased the impact of their disability' (Lakkis 1997: 28). Corrective practices and rehabilitation were all seen to be forms of social exclusion and it was on those grounds that an inclusive approach was sought.

The war certainly spurred the disability rights movement into action, but there was another more personal factor that would allow this approach to take hold in Lebanon. With the central form and function of the state being taken over by sectarian groups, all access to resources would have to engage sectarian structures. According to many of the founding member of the LPHU, people who were disabled by polio or car-accidents, for instance, were not being given the same resources and access to services as the war-wounded. As one of the founding members of the Lebanese Sitting Handicapped Association (LSHA), Abdullah claimed that he

single-handedly 'imported' the ideology of 'rights' to Lebanon.<sup>39</sup> Following a car accident, he received treatment in America and the UK, and it was here that he first encountered the notion of disability rights:

The disability movement in the West started in the '70s and gained movement in the '80s. This was the moment when the war was bad in Lebanon. Lots of outside NGO's came to Lebanon. Some of us, like me for example, I had my car accident and went to the States, and then to England. I became part of the disability rights movement in the West and came back here. Okay? I was able to convince these international agencies to fund our new ideas. This is how we started.

In this sense, the human rights approach [was] imported to us from the West. It isn't the product of the normal development of our society. Democracy is important. It is the same process where you are importing ideas to a traditional society [...] In the West, development has taken place. Democracy is part of the process of society. Democracy is tied in. But it is not the product of change coming from here. We don't have a democratic mind yet.

Abdullah's critique of his society hinges on a critique of what he perceives to be Lebanon's lack of democracy. The inability for 'his society' to accommodate difference, in any form, means that rights for disabled people are still a long way off in the future. NGOs from outside of Lebanon, which came to offer humanitarian support for the people living through the war, brought overseas funding as well. The militia groups' preoccupation with the ongoing war meant there were few structural barriers to the development of new, externally funded social movements such as the LPHU. The war thus opened up a 'space' for non-sectarian groups to manoeuvre their work and with money from outside they were free from any intervention. It was in this way that the LPHU was able to 'work through', but against, the war.

Many foreign aid agencies, such as Norwegian Peoples Aid (NPA), Save the Children and Oxfam, to name a few, funded these new disability groups. The exchange between local disability NGOs and foreign aid organisations meant that

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<sup>39</sup> The LSHA was the precursor to the LPHU. I use it here to indicate that the LPHU, and its membership have changed from when they had first begun.



ideas, ideologies and concepts were transferred. These Western organisations carried with them not only perspectives of disability; they also carried secular-liberal discourses of modernity. Scholars like Suad Joseph (1979) have critiqued Western scholarship for viewing religion as a hindrance to modernity, thus linking religion with backwardness. Groups like the LPHU appear to be engaging in the very same discourse of development in which modernisation can only arise through secularism. Their dependence on foreign aid thus has a significant impact on their politics of disability.

Abdullah, who was not just a disability activist, but an academic as well, posited that what Lebanon needed was to move away from the associations of disability with religion, sin, and medicine in order for it to become a political identity. He felt that the only way the rights of disabled people could be taken seriously was through a society build on plurality. Accommodation and acceptance of plurality is the key.

The moment you accept me as part of this plural identity is the same moment you accept me as a human, and therefore accept me as all of what it means to be a human. My need for shelter, my need for clothing, for a job, a marriage, for a family, for a life.

What you are seeing here [in Lebanon] is that you have to disarticulate a certain discourse in order to create a new one. This disarticulation of the discourse is the recipe for change or fight of struggle. [It is a struggle] of trying to work or change people attitudes toward everything, not just peoples altitudes toward disability. Because it looks like we are only working on disability. But in fact, if we accept the fact of disabled people, then you have to accept everything. If we are talking about marriage or relations, then I think the most important point here is how free people are to choose their relationships. When you are free, you are much more capable of seeing the other as a human. Free from all distractions and barriers that will impede you capacity of seeing them as a human person. You can see them in a wheelchair, you can see them as blind, but only when you can see them as a person in front of you can these barriers collapse. The question is, from which angle, from which discourse are you looking at the subject. If you look at them from the traditional discourse, then the barriers are there. If you look at them from the new modern discourse, then they are not there.

Human rights rely on a 'neutral system of governance' to provide services to people throughout society and necessitates a socially open and flexible conception of the person. Ingstad, who comments on western conceptions of disability, states that they are,

formed in the context of a centralist state that imposes a universal code through legislation...legislation gives to infirmity an existence and a consistency it never had before—definition, criteria, and degrees of severity. People with infirmities become a marked group; they are given a social identity, as citizens who have the same rights as others and should be integrated like ordinary people. They have a double self-image: as injured beings and as citizens/workers like everyone else. (Ingstad and Whyte 1995: 8).

In the Lebanese case, the emergence of disability rights occurred with a centralised state by proxy – which in this case happened to be those of Norway, the UK and other Western countries.

The stance of groups that were within the Inclusion Network was one that engendered particular approaches to the Lebanese state. In most situations, the relationship was one of antagonism. The LPHU expected the state to provide things for the disabled, such as wheelchairs, hearing aids and other services, by virtue of their impaired bodies. This claim to care does bear some similarities to the notion of 'biological citizenship' although in this case the impaired bodies were not 'caused' by the state per se. In Petryna's work on Chernobyl, there was an implicit assumption of state responsibility, due to the nature of the accident. This was not the case in Lebanon, but the LPHU attempted to claim state support by unifying itself as a movement of people with a shared experience, after the end of the war, when the state and a wider political identity was being forged.

However, not everyone's experience of disability was similar or matched the ideology of rights needed to stake a claim from the state. For instance, if we recall Bashir from Chapter 3, he was not hidden away in his home, nor was he totally

ignored. Rather, he was comfortable in his home where his parents and family loved and cared for him and where he worked from his computer. Some may argue that he stays home because he does not want to face the social stigmas of disability. However, this was far from the case as Bashir spoke more of structural barriers and the fact that he could not walk as the main disabling force.

Bashir- I do not like to think that I am not handicapped. I can't forget my handicap. My handicap is part of me. I remember my handicap every time I need help. Maybe Boulos has forgotten his handicap because he needs help less. Every time I see Boulos we speak about this. I tell him 'don't forget your handicap'.

Julie- Why do you want him to do that?

Bashir- Because, we have a special experience, that other people can't live with.

It is unique. There are a lot of people, they can't accept this idea. But this is the reality. I am living with my handicap every day, all the time. Why can't I take this handicap to the positive side?

Bashir's comments highlight several issues. One is that perspectives on *what* disability is, are variable. The dichotomy between body and society is not sustainable, as Bashir feels more disabled by his body than his society. While the social model appears to have great potential, there are many within the field of disability studies who suggest that the 'big idea' of the social model is fundamentally flawed and should be discarded altogether (Shakespeare and Watson 2001). While the disability rights movement's attempt to deny the role of the body in disablement, Shakespeare and Watson have argued that '[w]e are not just disabled people, we are also people with impairments and to pretend to be otherwise is to ignore a major part of our biographies' (ibid: 15). Subjectivity is only possible through the lived body. While the social model of disability is not sustainable, its importance in Lebanon is because it allows groups like the LPHU to critique society, and more importantly, the state. The politicisation of disability through rights has created an acceptable way to

conceptualise disability and to articulate the problems within society. Disability, in this sense, enables a range of critiques to be made, and to be taken seriously.

During the first Disability Film Festival organised by the LPHU, many of the individuals and groups that participated in it spoke about the Lebanese state as a disabled state. A journalist from the prominent *al-Asfir* newspaper actually talked about all Lebanese people being disabled by the sectarian state. This long, moralising speech about disability was highly politically charged as it takes aim, not at the state's way of managing disability, but at the essence of the state, its sectarian, or as he describes it, its *confessional* nature.

Politically speaking, our system treats us all as disabled since we are not able to express ourselves, to choose our representatives, or to distinguish between right and wrong. In fact, it imprisons us within our tribal and confessional leaderships and instances and push us forward into anchoring division, and therefore into chaos, even though postponed. {...}

Most dangerously, the state is paralysed; its mission therefore simply consists of distributing quotas to the leaders of confessions, thus annihilating the people as a social entity and paralysing the rights of the individual as a citizen.

Our society, which proudly pretends to be advanced, unveils its mask while treating the disabled, and shows its lack of humanity and awareness, when it keeps the disabled locked up in their disability, instead of helping them to overcome all obstacles, instead of helping them to discover other capabilities they have, which enable them to surmount their disability.

The society first, then the State, eliminate the disabled as citizens, and do not assume their responsibility, resorting to God Almighty, thus running away from their primary duty.

We, as a society and a State, do not consider the disabled as citizens. We do not accept to assume our responsibility in this regard, be it in providing special education, in ensuring training or in granting working opportunities for the disabled, whereas all developed societies even other under-developed societies as ours impose on the administrations and institutions a quota of disabled employees who are capable of performing several jobs among their personnel. There are very few institutes, schools or institutions in charge of the disabled. In addition, the graduated disabled remain unemployed, and thus become a burden for their families {...}.

The disabled in our society are after all citizens. Therefore, they have rights as simple citizens, in addition to compensations for their disability. The disabled cannot be victims twice: victims of their disability and victims of our neglect and disregard, dispossessing them from their humanity.



In this speech, the journalist refers to the Lebanese people as *citizens* thus implicitly bringing the roles and responsibilities of the state to the listener's attention.

Confessionalism allegedly disabled all citizens by viewing them not as individuals, but as a confession in which individual wants and needs are subjugated to the needs of the group. Throughout this speech, the journalist draws an analogy between disabled people (because of physical impairments) and disabled people (because of confessionalism). Despite the abstraction of disability from any relationship with the body, the parallel that he draws here is that disability is an inability to express one's desires or to have one's voice heard. In essence, disability is invisibility.

In the beginning of this chapter, I referred to bio-power and bio-sociality where I highlighted truth discourses as one of the central aspects of bio-power (Rabinow; 197). What I would like to suggest is that workshops, and media events were one of the main ways the LPHU constructed themselves as propagators of the 'truth' about disability in Lebanon. The direct action and activism was more than media events. They were reaffirmations of the LPHU's approach. The next section will examine some of these actions taken by the LPHU, which may be seen to correspond to the three vital aspects of biopolitics as elaborated by Rose and Rabinow: truth discourses, strategies for intervention, and modes of subjectification. That is to say, that the LPHU attempted to bring about an awareness of human rights and the inadequacy of the care currently received by disabled people, in order to impart upon disabled people a subjectivity, which would be in line with the ideology of the organisation. These practices allow the LPHU to aid an individual's work on 'self'. Through staged events, the LPHU promoted themselves as the rightful group with sole authority to produce disability discourses.



## ***The LPHU, Sectarianism and the State***

The significance of the civil war in Lebanon, to my examination of disability, is that it strengthened sectarian divides, segmented society, and most crucially, it was also a 'creator' of physical impairment. For these reasons war must be considered as part of the study of disability. However, at the time of this study the war had ended fifteen years earlier, and it was not the war, but sectarianism which affected the day to day experience of disability. Accordingly, the war is a backdrop to the current investigation, rather than the central focus.

In Chapter 2, I noted that a group's struggle for distinctiveness constructs the minority as a collective with similar characteristics. Individuals must put their differences aside while at the same time cultivate identities that conform to the ideal characteristics of the minority group. For this reason, the LPHU made no distinction between different types or causes of physical disability. Furthermore, they sought to subsume sectarian identities under the general designation of 'disabled'. This homogenisation of the category of 'disabled' has presented new challenges for the LPHU because sectarian identity was for many constitutive of personal identity. Overcoming this was difficult. Lamia explained that setting up an LPHU branch in the Beqqa valley was well nigh impossible as it involved navigating Lebanon's volatile religious and political landscape.

We have a branch in the West of Beqqa, in a village called Mashada. This town was very hurt by the war. First by the Israeli invasion, and then by the civil and religious war, and political war. So in this village you will find different religions and you will find a lot of political parties living there. We started a community based rehabilitation program. We didn't want to exclude anyone. But in order to do this, we had to do workshops on conflict resolution and on all of these matters first. It was difficult, but we managed to get a centre that is run by all of these different parties, all with disabilities. Some were from Hizbullah, some were communist, and some are from Lebanese resistance some are from Amal and whomever. But we had to tell them that if they wanted to be with us, you have to put all of your differences aside.

Beginning is always difficult, but once they started to take training, and living with each other, they discovered that the real problem is not there. The real problem is in the system, in the political system and the way that our society is organised. We are very successful. Lebanon is divided demographically by religious groups. If you see the other branches, you will see all different religions working together. However, we never think about...if a Muslim is in the headquarters, I am not reflected, and if I am in, then he is not reflected. No, because we realised where the problem is. This is on one level very safe but on another level very difficult because after all you don't work only with disabled, you want to change society. It is exciting, it is challenging.

One of the first tasks for the LPHU is, and was, to create a 'voice', or platform, from which disabled people could voice their issues and concerns. By approaching disability as not only a social, but also a political issue, the LPHU could harness the power of disabled people into one unified movement that put disability rights on the agenda. Sectarian militias also coalesced around their war-wounded soldiers during the war. This certainly politicised disability, although according to groups like the LPHU, the only correct way to be politicised was through human rights, and a society built on egalitarian, plural ideals. The idea that the militia groups are doing anything for disabled people was anathema. According to Abdullah,

[The militias] are not integrated. We worked to integration. Not a single militia worked for the law. We worked for the law. We were part of the movement for change.

Not the militias. This is an interesting question...because they could not cross the barrier of their militia and their sect. They could not get two militias together to fight for one right, because they were fighting each other.

The antagonism toward the militia-based institutions is due to several factors. For one, these institutions are seen to be working on an exclusionary basis where disabled people were not integrated (i.e. not visible) in society, but rather, housed in institutions and kept out of the mainstream of society. The second reason for this antagonism is that these institutions are seen to be further extensions of the political

machinery of a sectarianism system of governance; a system that has difficulty dealing with plurality.

### ***LPHU and Engaging Biopolitical Domains***

In my first meeting with Lamia, she proudly showed me photos from several of their public protests. To explain the beginning of the movement, she wheeled over to the photo collage that hung on the wall and traced the beginnings of the movement through the black and white photos.

This photo is from 1985 where we organised a demonstration between east and west Beirut to stop the war. These pictures are of people with flowers. We distributed flowers to the militias and ask them to sign a petition to stop the war.

We couldn't do much about advocacy or lobbying when we started. Our role is to lobby to change old laws and create new ones. Our goal is to raise awareness, to change the mentality of society, and to empower disabled people to be able to participate and to be more independent through advocacy and lobbying. But when you have war, you have different priorities. Our priority was to fight the war itself. We didn't want war. With the war going on we didn't have a government that was strong that we could target and change rights.

At this time, the group had about 10 members whose earliest events were direct action. Marches and sit-ins were common and one of their first public mobilisations in the late '70s was a protest-march that spanned the length of the country. This march was not only to protest against the war, but also to increase the visibility of disabled people. Although militiamen controlled all movement through the country, the march spanned from the north of the country to the south, along 135 miles of coast and took several days. According to the Lamia, the event was covered by both local and international media outlets.

Another photo was of people posed along *Ein el-Mreisseh*, a popular Beirut 'boardwalk' known as the *Corniche*. The *Corniche* was where street vendors sell

their wares and people hang out, drink coffee, sit, and smoke *nargille*<sup>40</sup>. However, up until the early 1990s, there was no disabled access anywhere along this mile-long stretch. The LPHU sought to remedy this situation. Lamia continued,

Up above is [a photo from] the early 90's, we were breaking the sidewalk of *Ein el-Mreisseh* and building with our hands a ramp. When we did this, the police beat us and took us to jail because we were not allowed to do it. We did this because they didn't listen. Negotiations led nowhere, so we said that we would give them an example of how it should be done. Upward [Lamia points to another photo], after doing this ramp, we held an opening for it and invited the minister of work to open the ramp, and for the media to see us.

These direct actions were trying to effect people, both disabled and non-disabled, by making the issue public. The LPHUs conception of disability and society entailed a specific notion of action, autonomy and the individual. Their ideas about the



**Figure 6: Lamia at a meeting**

individual have been spelled out in an unpublished working paper titled 'Disability and Employment' (2003). In it they state, 'every individual has a unique contribution

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<sup>40</sup> *Nargille*, or *argille* in Lebanese dialect is a water pipe that is used for smoking flavoured tobacco.

to make to society. The challenge is how to create a society, which enables them to make a contribution, and to overcome the barriers that prevent them from doing so' (ibid.: 2). In this statement, we can see the emphasis placed on the individual and *society's* responsibility to accommodate difference. Their notion of the individual is a person who, as Ravaud and Stiker put it, has 'the capacity to be an economic agent and to create [their] own place and role' (Ravaud and Stiker 2001: 494). According to Barton and Armstrong's perspective on social exclusion, which is also derived from the social model, social exclusion

refers to the dynamic process of being shut off, fully or partially, from any of the social, economic, political and cultural systems which determine the social integration of a person within society. Social exclusion may, therefore be seen as the denial (or non-realization) of the civil, political and social rights of citizenship (ibid.: 694).

The LPHU's work also engaged society through events such as summer camps, seminars, workshops, day camps as well as art and film festivals. These forms of engagement brought about a feeling of community for the people involved, and were a place where disabled people could come together and share their experiences. The LPHU network of like-minded disability groups called the 'Inclusion Network' were guided by the principles of disability rights and social inclusion. The LPHU and its Inclusion Network often ran events together, one of which was the second Human Rights and Disability Film Festival, held in December 2004 in Hamra, Beirut. The festival's aims were to enlighten people about the special needs and issues faced by disabled people through the medium of film. It was intended to create an environment for young people 'with and with out additional needs' to come together to use visual media as a form of self-expression and to counter the misrepresentation which they often faced in the popular media. Posters and flyers for this event were posted throughout the city. Over the course of the three days, however, it was mostly



disabled people and their friends and family or members of the Inclusion Network who attended the event. The impact on the wider society seemed minimal, if noticed at all. I invited many of my non-disabled friends to the event and two of them attended. I took my friends to meet Lamia who reacted with surprise and excitement. She tried to convince them to stay and join in the festivities. The friends however stayed only a little while, and then left. I later asked them about the festival and they confided in me that they had mainly come to see the theatre, which was an historic landmark. They had not felt they had much in common with the people at the film festival. Perhaps my friends felt uncomfortable being around disabled people and the story of only having come to see the theatre was a handy excuse. Regardless of the reasons, the festival did not draw as much attention as the organisers had wanted.

In another example of how the LPHU sought to ‘spread the gospel’ of disability rights, was through workshops. The workshops were part of the ‘second stage’ of LPHU membership, when people would begin to learn about the social approach of the group.

The second stage would be after a person got to know who we are and what we do. Together we would explore what this person would like to be and we continue to be a source of empowerment for them. Everyone who is part of the organisation has to pass through advocacy workshops. Everyone will learn how to plan for the advocacy campaign. Everyone will learn about rights, about what rights we DO have and what rights we should promote. We do this through workshops. We do a lot of workshops. And between workshops, people have the opportunity to implement activities.

Another approach employed by the LPHU to combat the social isolation of disabled people was the house call.

## ***Social Outreach***

Lamia described the rationale behind this technique and made the following statement about the organisations philosophy on social outreach.

If we know of someone who is being kept in the house, we go to him or her. We visit them and start to exchange information. If I, as a person with a disability, go to visit someone with a disability, then they will see me as someone who is independent, who is coming and going, and being with other people, who are disabled and they will be able to learn from my example. It starts there.

We would then start to take this person out and get them to participate in social activities. We could go on a trip or an open house. Then this person would start to live a group life. This would be very new for them because at home they would be receivers more than participants.

By making house calls, the LPHU and disabled people *themselves* serve as positive examples of the ways disabled people can be independent rather than being 'trapped' within their homes.

In one particular instance, I was able to join Boutros on a house call, that suggested to me that outreach sessions were moments where the LPHU called into question 'disabled subjectivity' and promoted alternate modes of subjectivity. Here, Boutros, my translator, chaperone, and representative of the LPHU, sought to convince Ahmad, a recently disabled, 25 year old man, that the life he is currently living is not the one that he *should* be living. The visit was in Nabatiyeh in South Lebanon, Hizbullah heartland. Boutros had asked if I would like to ride with him to make this house call to the South, and I happily accepted the invitation. One of the members of the LPHU in the Nabatiyeh branch had heard of a young disabled man who had had made several suicide attempts. In Ahmad's case, all we had to go on was his name and village.

Throughout my fieldwork, I observed the situation of disabled people as being more difficult in rural areas. When questioned about this, people often agreed that rural areas seemed worse off, but no one was able to articulate the exact reason for these differences. One member of the LPHU, a young disabled man from the Beqqa Valley, told me that the reason he had such an open mind toward the abilities

of disabled people was that he went to university. He said there are not many educated people in the rural areas and that they had 'traditional ideas'. Nabatiyeh, where we were visiting, could be considered a more 'traditional' area as it tends to be conservative, and predominantly Shi'ite, Muslim. Hizbullah provides most of the social welfare in the area but also competes with Amal, the other Shi'ite militia, for the political control of the population. Despite patronage by these two militias, the south of Lebanon remains impoverished and has suffered greatly from the protracted conflict with Israel. As such, anti-personnel devices have injured a large number of non-combatants. Disproportionate numbers of these civilians live in the South and are amputees. During our trip, Boutros and I asked for directions from a shopkeeper, Mohammed, who was missing an arm from the shoulder down. We asked him for directions to get to Ahmad's house. Mohammad pointed us in the right direction and Boutros and I continued driving through the long, deserted streets that ran along the crest of the hills that made up the village. Uncertain as to which house was that of Ahmad's family, we stopped once more for directions and eventually found the single-level concrete house and pulled slowly into the gravel driveway.

Boutros sent me to the door to ask if we could speak to Ahmad. Boutros, waited in the driver's seat of the car. Because Boutros was a wheelchair user, we figured it might be better to do the house call in the car rather than have him get in and out. Nervously I knocked on this stranger's door. An old woman came to the door and greeted me. I told her that I was looking for her son Ahmad and that my friend and I had come from a disability group to speak to him. She did not object to us speaking with Ahmad and went back into the concrete house to fetch him. The house was a one story, open, and unfinished as many of the houses in this part of the country were. From the porch where I stood, I could see into the front window that

opened onto the living room where there was a sofa and television. Ahmad was sitting there in front of the television before being fetched by a younger woman, and brought to the door. It was only then that I realised he had a prosthetic leg, was missing his left hand and was severely disfigured. I asked him if he would like to come and speak with us in the car and talk to us a bit about his accident and his life since he had become disabled. Ahmad, whom I realised was also blind, agreed to speak with us. I took his arm and helped him down the stairs of the house, and over to the car.

When we started speaking to him, we learned that Ahmad had become disabled just one year ago. He became disabled while exploring the south of Lebanon before a trip out of the country to find work. He and a friend had been walking in a demarcation area that they were unaware was full of landmines. Ahmad stepped on a landmine and the loss of his leg combined with the loss of his sight greatly encumbered his ability to walk unaided. He spent 6 months in the hospital, and had been living at home for the past 6 months when we met him. Before becoming disabled, Ahmad had worked as a mechanic. 'The people in my family didn't know how bad it was, they had hoped that after the accident I would be able to go back to work'. However, this was clearly not the case.

Ahmad was questioned about how he was removed from society and 'hidden' in his house and Boutros probed his responses when he felt the answers were not truthful, or when he heard Ahmad justify his inactivity toward the politics of disability.

Julie- Is there a community of disabled people?

Ahmad- No, you don't make contact with any other disabled people here.

Julie- Why not?

Ahmad- There are none in this area. No one knows anything.

Boutros- Yes, there are. There is Amar...

Ahmad- Yes, but Amar left.

Boutros- (looking at me he says) Can I ask him a question?

Julie- Yes

Boutros- (he asks in Arabic, then translates to me)

I asked him whether or not there are no disabled people here because he considers himself to be just like the others [non-disabled]? Or because he does not feel the need to contact other disabled? I asked him if he still believed he was living his life. Are you still living your life as you want?

Ahmad- No, I am not living life like I was before.

For Boutros 'living' required that Ahmad did not hold on to this old life, but accept that he was disabled. Boutros wanted him to see himself as disabled hence his questions about why there were no disabled people. Boutros' question seemed to imply that Ahmad only said that there were no disabled people because he did not want to associate with them. Boutros was not simply asking about Ahmad's life, he was forcing Ahmad to consider the label of disabled, which he felt Ahmad was rejecting. Boutros' way of thinking about the individual required an active agent capable of asserting his or her desires as an individual who was free to chose. The concept of 'the individual', which is used in much of the disability literature from the US and the UK, assumes that a person is autonomous and free to act independently of his place within his social network. In the Middle East though, analyses of social arrangements suggest that the individual is tied in a closer way to those around them, and is not in fact able to act on their own accord in certain matters. Dresch reinforces the sense of solidarity of social arrangements in the Middle East by stating that 'an actor is not just a 'point with position, but no cultural context' but is rather 'constituted...with the same structural principles as the categories with which he works and the forms of action available to him...[p]eople may alter their set of categories, but they cannot be without a place.' (cited in Eickelman 1989: 133). Accordingly, he suggests that the environments in which one exists create the possible 'locations' and modes of inclusion.



The LPHU was antagonistic toward disabled persons who did not choose to identify with the rights movement. If they were not working for rights, then they were working for social exclusion. For the people who were steeped in the language and ideology of rights, the only 'correct' way to be disabled was through subjectification in the rights discourse and forming associational communities of like minded individuals. Cowan elaborates the relationship whereby an individual of a minority group might come under pressure in 'politicised' moments to evoke their minority status for the sake of the good of the group. (Cowan 2006: 13) Within the rights movement, this 'duty' is implied in the interactions during the house calls. At one point, Boutros questioned Ahmad in order to get him to see that he was not actually 'fine'.

|          |   |
|----------|---|
| Julie-   | So there was a feeling that something changed after your accident?  |
| Ahmad-   | Yes, of course  |
| Boutros- | And did you try to explain to the others [people without disabilities] that they shouldn't be afraid of you?  |
| Ahmad-   | No, I didn't want. I don't want to try to change someone's mind and what they think. I feel like it is like asking for my dignity. It is like begging. I don't like to take this role; I don't like to have to explain. I have many friends and I don't care if this one person doesn't like me. It doesn't hinder my life. |

Ahmad was seen by Boutros to be simply accepting the role which society had provided for him. Ahmad, however, saw it quite differently. He perceived what he was doing as being dignified, and he was not going to beg, or ask anyone to change his or her minds about him. Here, two different ways of understanding the roles of disabled people collided. Ahmad had indicated that he was fine with the way he was living. In a subsequent interview, a woman in Nabatiyeh, who knew Ahmad, told us a different story. She told us that Ahmad had attempted to commit suicide twice since he had been out of the hospital. When Boutros and I met Ahmad, he had only been out of the hospital for 6 months.

Bashir, another of my informants, expressed the anger he feels when a disability activist confronts him with their ideas about how he should act as a disabled person.

There is a big problem *between* disabled people. Everyone wants to feel that they are better than the other. People with a handicap, we make more effort to prove that we are good.

This game that the disability activist is playing with me is because I am always in the house. When I meet a disabled person they say, "Are you still in the house all the time?" This is their first question. This is the problem. Normal people, look at me like a hero. He looks at me and sees that I am very happy. But the handicapped person looks at me and says *haram*.

I believe my value is in myself, not in how people look at me. Some days, I am weak and I am depressed. When I feel better, I am feeling strong, so never mind what others say.

According to the LPHU, the house call was a technique which opened up the possibility for a transformation of a disabled individual's identity, from that of a solitary person, isolated in their home, to a 'social person' who is a participator in social life, rather than a mere receiver. However, it overlooks the possibility that people might be dealing with disability on their own terms and may not feel comfortable being forced to confront these issues.

### ***Law 220 and the Sectarian Barrier to Rights***

As a founder of the LPHU, Abdullah felt the best way to effect change for the disabled was from the inside out. He decided to run for a position within the government. 'I was running for election with Hariri and some disabled people voted against me, because they didn't see me fighting for their rights as more important than voting for Hariri'. The pressures and allegiances of the local community and religion thus created boundaries that the disability rights movement found hard to break through. The sectarian nature of political institutions exacerbated this problem as it hit directly at the heart of the issue of integration and plurality, thereby

inhibiting a powerful lobbying force. That disabled people were not voting for a disabled candidate shows, not only the depth and importance of a sectarian identity, but also the diverse opinions and priorities of disabled people in Lebanon. Abdullah stated:

Then you decide it is time to work like the others and run for election. And then, “Nooo!” you start to see the barriers coming out. Let me give you an example. The first time that I ran for elections, in 1986, it was the parliamentary elections. One of them said, “I want somebody to push us, not push him”. Disability was an important factor working against me. But this is part of the problem.

The other candidates on his ticket perceived Abdullah as a burden to the party, and did not want someone who would need support or sidetrack their political agenda. Engagement in the legal domain and political lobbying nevertheless remained the LPHUs quintessential ‘strategy for intervention upon collective existence in the name of life and health’. In the Lebanese constitution, there were several laws that actively infringed upon the lives of disabled people. For instance, they were not allowed to attend public schools, nor were they allowed to enter the parliament or hold public



**Figure 7: Meeting with YAB at the LPHU branch in the Beqqa Valley**

office. In addition to discriminating laws, there was no mechanism in place through which, disabled people could seek recourse against these violations. Securing a law that would protect disabled people became one of the most important missions of the LPHU.

In May of 2000, the LPHU, and other members of the Inclusion Network, successfully made the Lebanese parliament approve a law that would provide a legal framework for protecting disabled people. Law 220/2000 protected the *rights* of disabled people and guaranteed their right to ‘education, rehabilitation services, employment, medical services, sports, and access to public transport and other facilities’ as well as the right to participation in public life (LPHU internal document, 2004). It secured the right to be able to benefit from a rehabilitated and accessible environment, to be able to move about within the civic environment freely and

without impediment. It further stated that disabled people should be given special spaces in parking lots, allowed driving licenses and permitted to have a residence and secure housing in public and private residence projects. Law 220 provided for access to education and sports; access to work, employment, and other social services, including special tax provisions for people with disabilities. The law came into being in the wake of the UN general assembly signing the World Programme of Action Concerning Disabled Persons in 1983. The goals of the World Programme of Action were to 'promote effective measures for the prevention of disability, rehabilitation and the realisation of the goals of 'full participation' of disabled persons in social life and development and of 'equality'' (UN 1983:1).

The failure of the governmental infrastructure can be seen most strikingly seen in connection with Law 220. The law is based on 'integration' rather than 'marginalisation' and it stands to achieve this integration by promoting the rights of disabled people (source is a discussion paper on law 220, LPHU<sup>41</sup>). These concepts are grounded in the idea that achieving economic equality is the first step to building an inclusive society. As a milestone, not just in terms of disability rights in Lebanon, but in the entire region, this law is an achievement. Given the current political and economic state of the country, however, it is quite inconceivable that law 220 can be implemented in practice. In fact, it is now been several years since the passing of the law and the conditions of disabled people has remained the same.

There are several reasons that Law 220 has not yet been implemented, the most important of which is the absence of a functioning government and the poor economic state of the country. The very state structures needed to enforce the law are simply not present in Lebanon, and while the law secured the *right* for disabled

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<sup>41</sup> The documentation of the Law 2000/220 is currently available in Arabic, so I have paraphrased from English translations the Lebanese Physically Handicapped Union.



people to work, it cannot actually provide such work in a country where unemployment is rife. My previous discussion of service provision has shown that access to services is provided along sectarian and kin lines. Securing the implementation of this law would require a government where rights and legal recourse against infractions of the law are accessible to all people regardless of sectarian affiliation. However, agencies and infrastructure in Lebanon are not strong enough, if present at all, to accommodate or support the 'private' interests of disabled people.

For the LPHU, however, the passing of Law 220 was celebrated as a major victory and constantly highlighted as their biggest success. The rationale behind the perceived success of the LPHU's lobbying and the passing of the law was expressed in the following way.

[I]nstitutionalisation has been the favoured policy of service provision. This has negatively affected the lives of disabled people because they are forced to live away from their families and are not encouraged to depend on themselves or develop their capacities. This situation has contributed to the poverty of disabled people and to their becoming subject to pity, charity and paternalism. Working on the implementation of Law 220 provides LPHU with the opportunity to counteract this situation by working within an inclusion and rights-based framework that has been established by the government. (LPHU Internal document, p 8)

Acknowledging the success of the law, yet realising its un-implementability, one of the directors from Arc-en-ciel described their practical approach to the achievement of similar ends.

LPHU is doing what they see to be most important; we are definitely both working to serve people. But we work on qualifying people and finding them jobs, contacting employers, trying to solve the needs for persons; NOT on fighting those who aren't executing the law. We are activating this law by putting practically what needs to be done; not fighting what isn't being done.

Comparing the two different conceptualisations of Law 220, the LPHU and Arc-en-ciel may be seen to engage in very different disability politics. For Arc-en-ciel, their

work included the very practical aspects of getting disabled people employed, even if this meant that they accepted a lower wage. The LPHU on the other hand, are more concerned with the ideological dimensions of the relationship between disabled people, the state and society. The perceived success of the law, commits the LPHU to a political engagement in order to realise the type of modern state that would be capable of implementing the law. The passing of Law 220 was thus primarily a symbolic victory, which anticipated a modern and secular state that would allow for the practical implementation of disability rights. I would suggest that if the state, as a manifestation of biopower, constructs disability through subtle mechanisms of power, so too does disability, in the form of Law 220, construct the state. Even if the law is un-implementable, it brings into being an ideal state, thus bridging the gap between the actual situation and the aspirations of both the Lebanese government and disability rights groups in terms of a modern state.

When I asked Bashir what he thought of Law 220, he replied that

There is a little change, a small mental change. Some exposure, only. Maybe people will hear more about the handicapped, but that's all. On the 3<sup>rd</sup> of December [International Day of the Handicapped] we will hear about Law 220 on the television and in the radio and newspapers...etc...*bas* [that's all].

## **Conclusion**

In this chapter, I have used biopolitics as a way to analyse the LPHU's engagement with the state. One might be tempted to ask why biopolitics has been used as an interpretive tool to understand a group that has disassociate themselves from medical definitions of disability. The answer to this question comes in part from a central ambiguity within the LPHU's organisation. By asking the government to make a quota of disabled people in employment, and by taking tax breaks from MOSA, or by asking for the provisions of wheelchairs or other rehabilitative aids, the LPHU is paradoxically remedicalising disability.

The festivals and events that the LPHU engaged in, were not aimed at engagement with the public per se, but were for the benefit of the men and women who were in the Inclusion Network. It was in these meetings that disabled people could come together and 'learn' to speak for themselves. I place learn in inverted commas in order to emphasise the discourses which were promoted by this group. Old models of social exclusion; the belief that disabled people should not be seen in public were replaced by the idea that disabled people have as much right to be seen in public as anyone else. An old idea such as disability being a shame for a family was replaced by ideas that disability was a way to celebrate the 'plurality' of humanity. One of the most important aspects of these meetings was to get disabled people to take these ideas home with them and to implement them within their behaviour thus demonstrating that disability can be a politically viable way in which to engage with society and the state.

Moreover, I have elaborated on the social model of disability to show how this model allowed for the re-conceptualisation of disability as a social rather than medical (bodily) problem. Throughout this chapter, I have argued that the LPHUs discourse of disability rests on the supposition that society is disabling. The social model allowed for the critique of society, as well as that of the state.

As we have seen from this chapter, the disability rights movement came into Lebanon at a time of complete social and political upheaval. The Euro-American approach to disability emerged against the backdrop of the civil war where the influx of external funding, coupled with the promise of social equality, meant that the LPHU could position themselves in opposition to the state and the state's attempts to manage disability. The LPHU sought to propagate ideas of pluralism where care extended to all citizens on the basis of rights, not privileges. In order to create a

powerful lobby, the LPHU had to create a unified disabled identity, but I have shown, this was foiled by both the tenacity of sectarian identity, and the fact that not all disabled people felt compelled to become part of the disability rights movement. The LPHU's engagement in biopolitical domains leads me to suggest that in the absence of a state, which is capable of providing the 'correct' kind of care, they engage an imagined sovereign state modelled on a Euro-American ideal.

Many theorist of disability have suggested that there has not been an adequate theory of disability but rather, that disability can only be understood 'in terms of its own culture and not on the basis of pre-existing assumptions about the nature of [disability]' (Oliver 1990: 16). For instance, Abdullah's statement about being more disabled by sectarianism than by his body, or Bashir's statement that other disabled people make him feel bad about how he is living, suggest that pre-existing ideas about disability are not necessarily useful to understand disability outside of Euro-American contexts. One must take into consideration the local politics and of how disability is part of these political structures.

The LPHU activists were brought together by virtue of their 'embodied otherness' and in making disability political, one must *own* one's identity as a disabled person.<sup>42</sup> The central argument of this chapter has been to show that disability rights in Lebanon can be seen as an instance of biopolitics whereby the disability rights movement seek to invoke a modern, and plural state. They used the integration of disabled people into society as grounds for claims of 'universal citizenship'. When one applies a secular, liberal ideology to a context where sectarian kin groups form the foundation of state and society, individuals become

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<sup>42</sup> The LPHU is an association for the physically disabled. While they do not have members who are mentally disabled, or sight impaired, they collaborate with a select number of groups which work specifically with the problems faced by these communities.

dislocated from the very networks that enable 'personhood'. Here then, one must ask 'who is disabled?' Abdullah, and Mohammed's examples from earlier suggest that by adopting a secular ideology, or simply not endorsing a sectarian one, one becomes disabled.

One of the ways the LPHU positioned themselves in opposition to the state was through their critique of sectarian care institutions. The LPHU felt that the provision of funds to sectarian and religious based care institutions

enshrine[d] the exclusion and passivity of disabled people. These institutions were seen to be little more than mere shelters that made sure the people that 'lived' within them were fed and clothed. The LPHU suggested that these institutions took a disabled person from their family and from society in order to manage the family's feelings of shame, pity and 'wrong beliefs'.

For the LPHU, social inclusion included primarily, social visibility. In many parts of Lebanon, particularly the rural areas, men and women with disabilities are kept within their homes. Hence, as we have seen, a significant aspect of the LPHU's mission was to liberate disabled people from the stigmas that caused them to remain hidden away. In an interview, Lamia stated,

For many years we were, either put away inside our homes, or put in an institution made especially for disabled people. You didn't see disabled people in the streets. You either saw them at home, if you even saw them then. Or you only saw them in institutions.

In the next chapter, I examine more closely one of the most important and well-known care institutions for the rehabilitation of physically impaired people, namely, Bayt Shebab.



## Chapter 5: *Bayt Shebab*: Feeling at Home

‘Greater love has no one than this, that someone lay down his life for his friends’.  
(John 15:13)<sup>43</sup>

*Bayt Shebab* (House of Youth) is one of the most well-known rehabilitation hospitals in Lebanon. Although *Bayt Shebab* has become synonymous with the rehabilitation hospital, the name refers to the isolated, Christian, mountain top village where the hospital is located. When I was carrying out fieldwork in Lebanon, *Bayt Shebab* was invariably the place that people told me I must visit. During my visits to the hospital, the long-term resident told me about the hospital’s beginnings and their individual stories of war. All of the stories I include in this chapter came from interviews conducted with the men and women at *Bayt Shebab*.

The hospital and residence was initially a care centre exclusively for war-disabled soldiers from the Lebanese Forces (*al-Quwat al-Lubnannia*<sup>44</sup>); a right wing, Christian militia that was active during the civil war (1975-1990). The hospital was set up by the *Uwweit* to rehabilitate and care for wounded soldiers, but also to provide them with a refuge, as it was sometimes dangerous for them to return to their homes. The Lebanese war was fought on the streets of Beirut, and on the streets of almost every Lebanese village, but the identity and affiliation of the fighters was not always known. Today the ‘street fighters’ have become an integrated part of their communities, but that they were ‘street fighters’ was not openly known at the time. Such knowledge was safeguarded and only known by those close to them. At present, people with various types of disabilities live in the hospital on a *short-term basis*. However, I exclusively spoke with people from the *Uwweit* militia who

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<sup>43</sup> From the Lebanese Forces Martyrs’ webpage <http://www.lebanese-forces.org/lfmartyrs/index.shtml>. (accessed January 11 2008)

<sup>44</sup> *al Quwat al-Lubnannia* will further be referred to in the colloquial Lebanese form which I most often encountered *Uwweit al Lubnannia*, or simply *Uwweit*.

became wounded in the war (almost 30-40 years prior) and who had all decided to live *permanently* in the hospital's rooms or 'foyer' (apartments) as they are called by the residents there. Although I had known of *Bayt Shebab* for quite some time, I was not able to visit it until April 2005. This was in part due to its geographic remoteness and due to my trepidation of visiting such a centre without a formal connection to the hospital or without someone to accompany me as a translator. Fortunately, I became acquainted with Boutros who was a former resident of *Bayt Shebab*. I met him through the LPHU, and this acquaintance was in fact crucial to gaining access to *Bayt Shebab* and the people who lived there. Boutros' departure from the hospital, I would later find out, was unique as few of the people who entered it ever left. Many of the residents I spoke to stated that although they did not intend to stay at *Bayt Shebab*, they nevertheless ended up remaining there.

The focus of my interviews at *Bayt Shebab* developed and changed in slight ways with each visit, but one question remained constant; I sought to understand how people came to live in *Bayt Shebab*, and why they had not later found housing outside of the hospital. Another interesting issue that arose from the interviews was the manner in which the war, and fighting in the war, had a profound effect on notions of the body, community and nation. There was a strong sense of fraternalism, identity and responsibility in the stories which people told me. Through the interviews, I also discovered how being wounded as a fighter in the civil war later affected the experience of disability. Questions such as these prompted interesting and personal responses.

One of the central aspects of the experiences of the people at *Bayt Shebab*, were their stories of war. Specifically I am interested in the way the war creates the possibility of new subjectivities; essentialised subjectivities. In reference to the

process of colonisation and its effects on self, Biehl (2005) notes the 'plasticity' of self and identity. By this, he means a person's 'capacity for being molded or the adaptability of an organism to change in its environment' (2005: 15). The plasticity of those living in situations either of colonisation or of extreme control, adapt to these situations to reinvent self and their relationship to the past. The object of control in such a situation, Biehl states, is not necessarily 'the political and economic institutions of the colonizer but the consciousness and self-reflective capabilities of the colonized' (ibid.: 16). This new deconstructed reality forces the colonised to constantly ask 'In reality, who am I?' (ibid.: 16). It is thus through their memories of the past that the permanent residents at *Bayt Shebab* refashion themselves.

I begin with my introduction to *Bayt Shebab* to emphasise the delicacy of the revelation that one is war-wounded. By presenting the experience of disability and the detailed account of political and religious/sectarian identities, I hope to relate the complexity of experience of the people at *Bayt Shebab*.

### ***Boutros and Bayt Shebab***

It was because of Boutros that I was able to visit *Bayt Shebab*. He and I first met at the LPHU where we both worked and volunteered. At the time I met him, he had long since moved out of *Bayt Shebab* and had been living with his family in a Christian area on the outskirts of Beirut. Boutros had not told me that he was a resident of *Bayt Shebab*, nor had he ever told me that he was war-wounded, and I only learned that this from another member of the LPHU. Because Boutros was not forthcoming about this part of his life, I felt unsure of how to broach the subject with him. Recalling that Elias had been reluctant to tell me he was disabled, I was nervous to ask Boutros whether he was in fact war-wounded and if he had lived at *Bayt Shebab*. He eventually told me only that he had lived at *Bayt Shebab*, and would be

willing to take me there sometime. Over the course of several months, we managed to find the time and will to make the trip up the mountain. Boutros was to act as my facilitator, translator, driver and introduction to the place he had once called home. Boutros did not discuss whether he was war-wounded or not. I never asked him how he had come to live in *Bayt Shebab*, and although we had become close over the course of my fieldwork, he never told me. Although Boutros and I never talked about his disability or his time in *Bayt Shebab*, he was more than willing to talk about the hospital. He was especially proud of the fact that he had been able to leave. A funny and charming character, Boutros boasted that he was a genius and had been an engineer before his accident. He attributed his ability to leave the hospital to his ingenuity in finding a way to be independent. His accident left him with little use of his arms, and even less use of his legs and he was not able to lift himself easily in and out of his wheelchair. Due to his engineering background, he had designed a mechanism that lifted him out of his wheelchair and put him in the driver's seat of his car without assistance. The device included an electric wench that slid along a rail that was welded to the underside of the car's roof. This rail could slide from inside to outside of the car. A strong cable attached to the wench lifted and lowered him from the wheelchair to the seat of the car and *vice versa*. Another apparatus lifted and lowered his wheelchair securely onto the roof of the car. With a modified brake and accelerator, controlled by his hand, Boutros was able to come and go as he pleased without assistance. During a later visit to Boutros' family home, he proudly showed me a similar device he had engineered to lift him in and out of bed. His parents, who were quite old, were not able to help him physically with such things. Nor did Boutros want to depend upon their assistance. The other residents at *Bayt Shebab* had derided him for his fantastical plans to build this machine. However, for Boutros, to

be independent was the only way to live and the only way to leave the place he openly called 'the prison which has no bars'. People who were in the LPHU, or who were familiar with disability, generally felt that the people who were living in *Bayt Shebab* were languishing there.

I believe that Boutros' reluctance to discuss the nature of his disability arose for several reasons. The primary reason is that it was quite simply, a private matter. Another possible reason for his non-disclosure about the way he sustained his disability could also have to do with beliefs and perceptions about the 'kinds' of people who engage in war. These two factors, combined with Boutros' departure from *Bayt Shebab* seem to suggest that if in fact he was war-wounded, he did not want to continue to be identified as such.

### ***Visiting Bayt Shebab***

It took several attempts for Boutros and me to actually make it to *Bayt Shebab*. Boutros' almost complete quadriplegia meant that he often suffered from infections and other physical ailments. After a few false starts, we eventually made the journey up the mountain. The car journey from Beirut lasted several hours, as we had to stop on our way up the mountain to make social visits with people Boutros knew along the way. We finally arrived at the mountain-top hospital, where the hospital was situated on a mountain ridge that provided a spectacular view of the valley, and the lush, green mountain tops dotted by terracotta roofs. As Boutros and I arrived, it was hard to tell that the facility was in use. There was little activity on the grounds and although it was a 'hospital', there were no people visible, no cars, and no vehicles for institutional use. People slowly became aware of our arrival and came outside to meet us with warm greetings. Whenever I went somewhere with Boutros, I would push him in his wheelchair. As I pushed him into the centre and through the sterile



halls, I felt as if I were entering a hospital. The inside of *Bayt Shebab* felt cold and clinical. There were sparse decorations on the walls except for the occasional icon of the Virgin Mary. Each room had two hospital beds, a shared table between them and a television against the wall facing the beds. Nurses, who were responsible for the daily care of the patients, staffed the centre. Most 'patients' in *Bayt Shebab* are physically impaired and so the nurses provide assistance with everyday personal tasks such as tooth brushing, hair combing, dressing, eating, running errands and so forth.

I wheeled Boutros through the institutional hallways in search of familiar faces. There were many people about, but we only spoke with a few of them; Boutros only introduced me to people he considered 'family'. As we rolled along, we came upon a corridor full of men in wheelchairs; they had each lined themselves up in front of the windows there. They sat, soaking themselves in the sun, staring out of the windows. Boutros and I eventually made our way to the isolated 'women's wing' where we found Therese, Boutros' long-time friend. Therese was one of the only females who had lived in *Bayt Shebab* since its establishment and when we arrived, she was sitting alone in her room painting. Entering her room, I felt as if the weight of the hospital atmosphere had been lifted. Her room had a warm, homely feel. She had the room to herself despite the presence of an extra hospital bed in the space next to hers. There were shelves of books covering one wall and several of her paintings hanging on the other. A table stood along another wall where she had a lamp and a small gas hob that was used to make coffee. Boutros and Therese seemed friendly and familiar, and exchanged lengthy greetings that are quite customary in Arabic. Therese was an attractive woman in her mid to late 40s. Her pale, yet youthful skin had not suffered from the usual tolls of age. She had no wrinkles and a kind smile

that instantly disarmed even the most nervous of researchers. When we came into her room, Therese sat in her wheelchair with her drawing board in front of her. The drawing board had been adapted with a movable stand that would support and steady her hand.

Boutros introduced me to Therese and told her about my research. She was happy to help and agreed to let me interview her. Therese was also happy that Boutros had come back after a lengthy absence, because Boutros was supposed to engineer a contraption that Therese could use in the bathroom to fix her hair. Because she could not lift her arms above her head without great difficulty and strain, Boutros was making a mechanism that would hold Therese's blow dryer and a mirror so that she would be able to fix her hair by herself.

Although my main interest in *Bayt Shebab* was to understand why people came to and stayed in *Bayt Shebab*, I was also interested in the ways people explained, and eventually came to make sense of their experience there. I began my enquiry with questions regarding Therese's life before her accident, and how it had changed since being in *Bayt Shebab*. In response to this question, Therese proceeded to tell me not about her life before her injury, but rather, told me about the days and moments just before it. She explained that it was not an accident, but rather that during the civil war her village had been surrounded (*mutawak*) and everyone had been killed in a massacre (*majzara*). She went on to explain how the attack happened on her Christian village, *Dayr al Qamar*, in the Shouf Mountains. These mountains are historically and predominantly associated with the Druze and have a history of violent conflict between the Christians and the Druze communities, dating from the mid-1800s onward. She began,

Our village was under siege and heavy bombardment. People were trying to flee to Beirut, but I stayed behind with my father and brother to help the others

leave. That night the 30 of us, who had stayed, went to the community leader's house (*bayt mukhtar*). We weren't doing anything, but the community leader's house was close to the socialist party's headquarters. On the next day, the bombardment stopped, and the people in our group were told to go back to their homes and then to meet at the church. When we arrived at the church, we went into the room. They<sup>45</sup> told us to turn around, and then get down on the ground. Then one person in our movement said, 'all my life I have hated Junblatt'<sup>46</sup>. And then they killed us, the whole group/movement (*w khalasna kul al haraket*). It was the Druze. After that, everyone all over the country became engaged in the war.<sup>47</sup>

In telling the story of how she became disabled, Therese located herself within the context of the civil war and within an ongoing political struggle. She made the point that the Druze shot her. She distinctly identified herself in the interview as someone who was helping others to flee from the dangerous situation, which had been caused by others, namely the Druze. Her comrade's distinctly political statement against the leader of the Druze party was intentionally provoking the Druze to violence that not only 'killed' Therese and the others, but also engaged the 'country' and re-ignited a violent period in the civil war. She went on to further describe her situation after she had been shot.

I laid there unconscious. Two days later, they went around picking up the bodies and they found that I wasn't dead. I woke up in the hospital. I didn't know where I was. I thought that I had gone to heaven. I thought I had died. I was very afraid.

They took me from the mountains to the hospital in Sidon. When I was in the Sidon hospital, while I was lying in the hospital bed. Two men came in, they were both Druze. I heard them ask if I was Therese from Dayr al Qamar. Then I heard them say, 'lets put some more bullets in her head and be finished with her.' But then they just left.

While I was lying in the bed, I looked at my arm (she motions to show how her arm was lying). I took up my arm and saw that it was burned. I asked the

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<sup>45</sup> During this recollection she does not describe who they were but had indicated in other parts of the interview that they were Druze. I assume that the Druze militia members were waiting for her party in the church prior to their arrival.

<sup>46</sup> Kamal Junblatt was the leader of the Socialist Movement; a Druze political movement. During the war this party was militarized, as were most political parties at the time.

<sup>47</sup> She is referring here to the Christians, both in the Mountains and Beirut who after the siege of Dayr al Qamar became re-engaged in the war.

doctor what it was. He said, he didn't know. They were burns. Someone had put their cigarettes out on my arms when I was unconscious. I don't know what they did to me. I also found cigarette burns on my legs as well.

The story that Therese recounted to Boutros and I took place in the early '80s. Therese was eighteen-years-old at the time. Although she was telling me the story for the first time, it was obviously not the first time that Boutros has heard it. He continually prompted her to tell me certain things. They had after all lived together for almost fifteen years. At times, Therese was quick to rebuke Boutros if he told the story wrong, or not in the order, or manner, she wanted. The telling of stories through one another happened in many of the *Bayt Shebab* interviews. Not only had these people come to know each others stories, they told other peoples' stories, as if they were their own.

Because people whom I interviewed there knew each other so well, many of my interviews were collective affairs. In one instance, I met with Robert, while he sat outside in his wheelchair in the parking lot of *Bayt Shebab*. People curious as to what we were doing eventually came and joined in, listening to his story. The other men sitting around him would often interject their stories and opinions into his story. In one instance, I asked Robert about his relationship with his brother, who incidentally was also a militia fighter, Boutros responded to this question 'his brother rejected him!' This made the four men sitting around Boutros, Robert and I, laugh. I asked him why Robert's brother rejected him and he told me that in fact it was not *his* brother who rejected him, but Boutros' brother who rejected him. 'He is talking about himself, not me', Robert said. The stories of one another's lives were obviously shared between these men many times. They knew about each other's lives in an intimate way. Their stories were not just told; they were shared, co-opted and

communally produced. The sharing of stories was something that continued throughout the interviews at *Bayt Shebab*.

In one of the interviews with Therese and Boutros, they continued to tell me the story of Therese's movements after she left the hospital in *Sidon*, during which time she had been presumed dead by her family. She laid in a hospital in *Sidon* that was being run by the Druze, the people who tried to kill her. She was eventually moved to a more appropriate hospital.

Eventually I was sent to Hotel Dieu,<sup>48</sup> but no one in my family knew that I was still alive. The television station had announced who was killed in the siege. They put on the list that one young girl had been killed. They had counted me as one of the dead! So for one week my family thought I had died.

They later heard that one of the casualties had been taken from the Shouf to Hotel Dieu. My family did not know if it was me so they decided to check. My aunt came to Hotel Dieu and found me there. Then slowly things got better. I spoke to my mother. Then all of my family was so happy, and they all came to see me. I stayed in Hotel Dieu for three weeks, and then I came to *Bayt Shebab*.

I stopped to ask her why she went to *Bayt Shebab* and did not go back home. She said

I couldn't. There was no home to go back to. (*ma fi. Ma ken fi bayt*). My family had all been moved to Borj Hammoud.<sup>49</sup> All of the refugees from the Shouf were given houses in Borj Hammoud. You cannot imagine how difficult the situation was then. It was a very intense period of war (*ken kitir harb*).

The civil war caused the displacement of hundreds of thousands of Lebanese people. The flow of people at these times was towards those of the same sectarian group. Even before the war, Lebanon was divided geographically by sectarian affiliation. Visiting networks are important in Lebanon, as has been noted by both Joseph (1983) and Sweet (1974). Joseph's work suggests that before the war 'heterogeneous

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<sup>48</sup> Hotel Dieu is one of the hospitals in Achrafieh, East Beirut. It is associated particularly with the Maronite Christians.

<sup>49</sup> Borj Hammoud is a working-class suburb of Beirut traditionally associated with the Armenians there. The area prior to the war was mixed religions to some extent, although during the war the area became predominantly Christian.



networks of inter-sect visiting networks were integral to Lebanese political and social identity' (Joseph 1983: 1). As the war progressed, the networks began to emerge in more homogeneous forms (ibid.).<sup>50</sup> The consolidation of communities during the war occurred along sectarian lines, both for protection and to control the land in the territories that they took over. It was in these controlled areas that they had houses to give. Throughout the country, militias took on the role of carer for their fellow constituents (most often their co-religionists). They provided displaced communities with some kind of housing, and took care of those who had fought for them. The loyalty between the political group, their leaders and the communities was thus reinforced through various means.

At this point in the interview, Therese asked me to prepare coffee. I did so while she continued to tell her story. Given that Therese had limited use of her arms, I knew she needed help to drink the coffee but I was anxious, as I did not know how to approach the matter. When the coffee was cool, she asked me to hold the cup. Nervously I took it unsure of how give it to her. However, she gently took my hand with her own and guided the cup to her mouth. With her assistance and gentle touch, I was put at ease. The interview was ending and Boutros prompted me to ask one last question. Since he had helped me on many different occasions with interviews, he was familiar with the types of questions I wanted to ask, and the kinds of data I was looking for. Considering the story I had just heard, he knew that I was wondering

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<sup>50</sup> It is worth noting that there were areas of interaction between sectarian groups during the civil war. Joseph notes that 'political culture emerged as an expression of Lebanese class and state formation. Heterogeneous networks did not conflict with but rather, upheld the sectarian class and state structures' (Joseph 1983: 3). Sweet's article on visiting patterns and social arrangements in a Druze village in the Lebanese mountains shows that patterns of movement and of visiting were constitutive of social relations and were ways in which social ties were constructed. These visiting patterns were intentional and are more than just a random hustle and bustle of daily life. Rather, they were ways in which one initiates oneself into the layers and bonds of kinship, family and segments. Sweet suggests that by reinforcing certain social connections, one can assure access to a more secure resource network. For Sweet, these visiting networks are a social tool (Sweet 1974: 115-118).

how Therese now felt about the people who shot her. Since they were identifiable as 'Druze', I asked if what had happened to her had affected her feelings toward other religious parties. She said,

A long time ago, I forgave them, because I am a Christian. But I am still upset. Why did the war happen? For what reason? For what reason did I become like this? Not only am I upset, I am angry. I am disgusted. I am disabled. For what?

After Therese was wounded, the civil war raged for several years during which more and more people died, and became disabled. The problems and issues that sparked the war remain unresolved. In other words, she became disabled 'for nothing'. The cause that she was fighting for had not triumphed. I asked her if she considered herself war-wounded. She said yes, but then qualified this statement.

I was not fighting, but I was *Uwwait*. But when they shot me, they didn't know if I was Lebanese Forces or not. They only knew that I was Christian. They didn't stop to separate people. They didn't ask, 'are you a fighter? No? Okay then, you can go.' *Khalas!* I was in the village, so they... I stayed in the village to help the others go. All thirty of us who remained were shot.

In clarifying her statement, Therese makes clear that the people who shot her did not know for sure if she was a member of the Lebanese Forces or not. She said that they only knew that she was Christian but she wanted to make the point that she was different. She was not there to *fight*, but to *help* others in the village. Thus, she demonised those who kill solely because of religion, and absolved herself, to some extent, of complicity in the violence of the war.

Therese asserted herself as someone who was 'helping' rather than fighting and questioned her disability by asking 'what was it for?' While speaking to men who were fighting in the war, they described their roles as being acts of courage and bravery for a cause they would die for. Another man at *Bayt Shebab* fought in the Lebanese army, and told me that he was fighting for his country, his community and his family. 'Every day I was prepared to go and die. I knew I might not come back

and only half of me came back.’ The notion of sacrifice was accordingly dependent upon how one re-conceptualised one’s involvement in the war. Another man felt that only now was his sacrifice worth it because the Syrians (at the time of the interview) had just left the country.<sup>51</sup>

I felt uncertain about who these men considered war-wounded, especially because many people also became disabled as the result of non-combative action. I decided to ask the men at *Bayt Shebab* if they considered their situation during the war to be the same as that of Therese, as I had assumed up until this point that she was simply ‘caught in the cross-fire’. They quickly corrected me

Therese was not fighting when she was wounded, but she was a fighter. She belonged to a party. She doesn’t need to have a gun. You can fight in the kitchen! She was soldier. She worked with us. She was a militia-woman (*Milishara*). She was a communications person. Even though she didn’t hold a gun, she was still part.

Throughout her interview, Therese failed to mention her direct involvement in the fighting. Although she did not hold a gun, or directly kill anyone, she was considered part of the militia. Especially during the civil war, the line between combatant and non-combatant was easily blurred, but the lines between sectarian groups were not. By presenting Therese’s involvement as that of a militia fighter, the other war-wounded men in *Bayt Shebab* were forming a bond of solidarity that embraced all of the war-wounded in *Bayt Shebab*. Therese’s reluctance to accept or to admit that she became ‘for nothing,’ threatened the communal sense that this sacrifice was worthwhile and that it would still be worth sacrificing *everything*.

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<sup>51</sup> Syrian Troops pulled-out of Lebanon on April 27 2005. The interview which I am referring to took place on May 12 2005.

## ***Home, Community and Fulfilment***

Disability, as I have discussed in previous chapters, has been theorised as a state that is created through the interactions between persons with stigmatised identities, and their social environment. At the time of my fieldwork, the perspectives and sentiments toward the war were disparate and varied and comments from people who lived in Lebanon during the war ranged from hatred and anger, to pride and exaltation, toward those who were fighting. A friend said that many women and mothers felt that the war was corrupting and ruining the country. The women were angry and feared for their families. Not everyone shared this sentiment. Many people, the men at *Bayt Shebab* included, felt that they were defending their communities. Although there was a range of different sentiments about the fighters, many of the war-wounded felt that they were fighting for a worthy and noble cause.

Here I turn to analyse how these men and women came to make *Bayt Shebab* their home. Many, like Therese, felt they did not have a home to go back to. How and why had *Bayt Shebab* come to be thought of as home? Most of them stated that they had remained for economic reasons as well as their physical dependence on the hospital. Interestingly, none of the people I spoke to cited negative social stigma as their reason for staying and not returning to their families or communities. Rather, people said that *Bayt Shebab* had come to feel like home and the people who lived through the same war experiences had come to be like family. One man stated

It was a small group at first. We were all like a family. When you [wanted to] take the car you could just ask someone. In the beginning, it was only for the Lebanese Forces, and then it was open for all religions. From the beginning here we [were] all together. We [ate] dinner together every day. We [did] something together everyday. But after it became a hospital, things changed.

Therese reiterated this sentiment

From the beginning, we were like a family. (*Min awal ken metal eileih hon*) It was better here during the war years. It was more family like. But after the war things changed a little. (*bas bad al harb, it gheer shway*) When we were younger, we all were very close. But now, it is different; there isn't the same sense of home. During the war, we all had a feeling as if we were all going through the same thing together. So the people who were war-wounded felt different from the people who have injuries from the sea or who were injured in car accidents.

In these two instances, family and belonging were expressed and strengthened through the shared experience of the war and through the shared sectarian background. Even before one man's arrival in *Bayt Shebab*, he described the relief he felt when he realised that he was not the only one who had become disabled during the war. He stated:

When I was shot, I think I was waiting for an operation to fix me. But then I was sent to *bahar ij-jesh*.<sup>52</sup> Seeing my friends there made me feel better... when I went to *bahar ij-jesh* and I saw all the people who were with me; some who were like me (disabled) we became like a family. Everyone stuck with each other and helped each other.

Boutros had also expressed this sentiment to me. It was no doubt also due to Boutros' 'familial' connections with the people living there that I was able to gather extremely intimate and candid stories of war and disability.

The residents in *Bayt Shebab* used discourses of sacrifice and heroism to re-fashion themselves as good and honourable persons. They engaged with narratives of sacrifice, heroism and discourses of nationalism. In the following examples, they stressed how fighting for their country elevated their cause and improved the status of disabled people, and their sectarian group in society more generally.

Before the war, when a family had someone who was handicapped they keep them in the house. They don't go out, they don't go to see anyone. They don't take him any place. That was before the war. But after the war, everybody goes out and does things. There is a lot of education and many disabled organisations now.

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<sup>52</sup> Bahar ij-Jesh (The Military Beach) was one of the main Beirut base camps during the war.



The man who made this statement was one of the first residents of the hospital. He came to *Bayt Shebab* in 1977 when he was just eighteen years old. Shadi, who was forty-eight years old at the time of the interview, had lived in *Bayt Shebab* for most of his life. Shadi felt that the presence of war-wounded in society changed the general perception of disability. The fact that war-wounds were associated with heroic behaviour back then had enabled people with disabilities to negate social stigma. But a rise in the number of disabled people in a community need not necessarily change the way they are perceived. Shadi further stated that

Before the war, paraplegia was very shameful. However, after the war things changed. Disabled people became present in society. I am strong. I am not ashamed, and I don't care what the other thinks of me

By drawing upon the war and the notion of heroism, this informant claimed that the way people thought about disabled people changed after the war. Before the war, he said, disability was a shame. I asked him how people perceived him when he became disabled. He stated, 'they were proud of course. When they see me and I am proud the others will see me and be proud'!

On a day-to-day level, these men and women gave their lives in this institution meaning in many other ways. The usefulness of their shared stories, their shared experience and their shared sacrifice made *Bayt Shebab* a place of support and of comfort. During an interview with Therese, Boutros prompted her to clarify why she would not go back home. Therese said she did not go back home because she did not have one. Believing that his 'family' at *Bayt Shebab* could leave, if only they wanted, Boutros pushed Therese on the subject. He asked; 'did you know that you wouldn't go back home? Or is it that you knew you would go back home without your health?' No, she said,

Forget it! I couldn't walk (*khalas! ma emshe.*). But I didn't think that my life was over. I wanted to go to school and to have a life. I was sometimes upset

about my situation, and sometimes I could accept it. Sometimes I cried, but I never got mad about it. You know, I accepted that my legs did not work and they were going to be like that, but I had my arms. And if my arms are okay, then everything is okay. I can still take a shower and use the bathroom.

She began to reflect further on how she gave her life meaning and how some disabled people in *Bayt Shebab* did not. She told Boutros and me about how her life had meaning because of her productivity. Making things, studying and even simple things like being able to care for herself, in one way or another, gave life meaning.

There is something that is very important for you to understand. From the beginning, it was very important for me to have a purpose. What am I going to make? What am I going to do for work? (*shu bedi amil? shu bedi ishugal?*) I needed to be able to keep on working, and doing things. I needed to be able to study. That was very important for me.

I like to draw very much. But I was not able to put enough pressure on a pen to make it write. The man at the rehabilitation centre taught me to use my other hand to help make the pressure needed to write with a pen. By the end of the year, I learned how to draw.

She was able to learn to write, and so she decided that she wanted to go to university.

Although Boutros was keen for disabled people to be self-reliant, he was proud of

Therese for how she managed to get back and forth to University.

I decided that I wanted to study, so I studied in university for three years. I went down from the mountain in a car; usually in a taxi. I had to find people to help me. I needed someone to help me go to the car and put me in. Then someone to take me out once I arrived at university. Then I needed someone to help me get in a car when I was done, and then to take me out once I had arrived at *Bayt Shebab*.

Therese was able to have a life outside of *Bayt Shebab* by getting people to help her.

In fact, ordinary people were willing to help her regain mobility and ‘independence’.

Boutros thought it was important that I understood why this had been such an important decision. He emphasised the determination that this took from her perspective; both as some one who was disabled, and as a woman.

Another man explained to me why he remained at *Bayt Shebab*. He stated that he and the others, who have been there for a long time, help the newly disabled

people who come in. He made himself useful to others who came to the centre. 'When young people come in here, I take care of them. If someone needs something, then they come to us and we help them'. Others described their reasons for staying as economic. They said that if they could make money and hire an assistant, they would consider leaving. Some of the men who were there said that their families (parents) were too old to take care of them and their brothers and sisters too busy taking care of their own families. Another person said that Lebanon is poor, and no one can really afford to not work. One long-term resident told me that he learned to take care of himself at another institution before he came to *Bayt Shebab*

I became in 1983 on the 19 of January. It was the mountain war, in *Bayt Hamdoun*, with the Lebanese Forces with "al Doctor" (Samir Geagea). Within three months of fighting I was injured. I was injured due to a landmine. First I went to the hospital, and then I came here to Bayt Shebab.

[The landmine] took my eyes, and my right leg below the knee. I had to take lessons on how to walk again and use my leg. After a year here and more lessons, I learned how to walk well. Once I had learned that, I wanted to learn how to work. I learned how to make wicker furniture, and to read some Braille at the Khalsa School. This school is connected with the Angelique school in America. It is for people who have had accidents.

I was twenty-two years old when I was fighting in the war. When I came here no one helped me. But in the school, I learned how to take care of myself. I learned how to bathe myself, take care of myself, eat by myself. They taught me those things. And they also taught me how to walk down the street by myself. They taught me how to go about, in car, and in bus, by myself. They taught me how to travel over long distances by myself. They taught me how to make coffee and how to make myself food. They taught me how to take care of myself better than I could take care of another person.

Then they asked me, what would you like to learn next. I told them, colours! I had to ask other people "what am I wearing now?" And they would tell me, white, black, blue. So then I learned the colours. And I used to have green eyes, but now they have become black!

While Boutros had been unhappy with the way that most people at *Bayt Shebab* spent their days (which often included watching television for most of the day, or making candles to sell), many people had become accustomed to that way of life. For

Boutros, being in *Bayt Shebab* was a form of dependency and one that he was not willing to accept. Being 'trapped' in the 'prison with no bars' did not satisfy him, and eventually he left. He did not hide his feelings toward the 'laziness' and lethargy that *Bayt Shebab* cultivated in disabled people. He commented on several occasions that the nurses at *Bayt Shebab* do everything for you. 'The nurses dress, bathe and feed you', he said. 'They do this to be efficient with time. I have even seen people in the hospital call for a nurse to ask for the box of tissues on the table next to them, rather than making the effort to get it themselves'. Boutros obviously did not approve of this type of care and dependency on others. He told me that quadriplegic and paraplegic people need to learn to do simple things, like putting on their clothes, even if it takes several hours to do so. This, he said, was all part of rehabilitation, but was unfortunately not taught at *Bayt Shebab*.

The discourse of disability rights which has developed from western-oriented perspectives would consider institutions like *Bayt Shebab* to follow the outdated, medical model as well as employing an exclusionary approach to disability in which disabled people are excluded from society; in a way, out of sight, out of mind. The medical model of disability provides a framework in which impairments of the body are treated through rehabilitation. As we see *Bayt Shebab* through the perspective of Boutros, someone who has managed to leave, we can see the difference in approach toward institutions such as *Bayt Shebab*. He was not alone. Elias, also a previous patient of *Bayt Shebab*, expressed his anger toward the institution.

The first time I went to *Bayt Shebab*, after three years of being there I asked them, why do I not see you people around? And no one answered. I shouted at them. Where do you live? What do you do? Nothing! If you want to leave that place you have to do it on your own. A place like *Bayt Shebab*, if you agree to their terms, the place will swallow you in. It will make you a handicap.

It was Boutros' opinion that the people who ran *Bayt Shebab* were not interested in 'true' rehabilitation. Rather, they were concerned with maintaining a functioning hospital. Getting patients fed and dressed on time was seen by the workers and managers at the centre to be a sign that *Bayt Shebab* was working. The centre and its initiative to get people back working is, in the opinion of many in the disability rights movement, a poor and insincere attempt to get people trained in skills that help them have a livelihood outside of the institute. Boutros felt they did not have an integration policy but rather wanted people to stay there because they needed them to be there to legitimise the continued existence of the place.

Even though some of the people at *Bayt Shebab* felt that they could do whatever they wanted, they seemed unable to leave. I questioned whether this was a physical or some other kind of dependency. One man who had lost his sight and leg, due to a landmine, said that he stayed because he was in a militia when he was disabled, and hence could not get social assistance or disability benefits from the state. He remained there because he could not otherwise afford to take care of himself.

*Bayt Shebab* had become home for many who felt that their disability was a consequence of a heroic and brave act, and that they had been willing to sacrifice their lives. However, non-disabled people, or disabled people who were not war-wounded, did not necessarily share this feeling. We saw in Chapter 4 that the LPHU explicitly claimed that all disabled people were to be thought of as equal. They insisted that the cause of disability should not be part of the way one understood disability. For the men and women of *Bayt Shebab*, however, it *mattered* that they had become disabled due to war. They spoke not just about their missing body parts, but also about why they took part in the war. The permanent residents at *Bayt Shebab*



used notions of honour and sacrifice to make sense of their experience there. These ideas were built up, circulated among the residents, and constituted one of the ways that they brought meaning to their experience. They lost their limbs to protect their families and their communities. In doing this their loss was given meaning, a meaning that might not be so easily found outside of *Bayt Shebab*. In Beirut, or in their villages, their missing limbs would make them just another disabled person. Within *Bayt Shebab*, their shared experience and stories of common sacrifice reinforced the notion that they were in fact heroes.

Speaking about *Bayt Shebab*, Abdullah argued that disabled people needed to be integrated into society, which would entail visibility. The people who were living in *Bayt Shebab* were not visible, he felt, although people ‘knew’ that they were there. He felt that they were not integrated into their families or into their communities. However, the people with whom I spoke at *Bayt Shebab* did not share nor express this feeling. Rather, in the interviews, there was a sense that they had built a new community and a new family of disabled people of which they were proud. The people who had lived there many years spoke about the sense of obligation and connection to the people that they lived with. Interestingly, none of the people that I spoke with at *Bayt Shebab* felt that they were there because of ‘oppressive social barriers’.

In his essay, ‘Hero, Beggar or Sports Star’ (1995), Bruun explores disability in Nicaragua during the Sandinista’s time in power in the 1970s and ‘80s. He notes that the Sandinista’s glorification of the ‘heroes and martyrs’, who had given their lives for the cause, also ‘justified the situation of those who has *almost* given their lives—the living war-heroes’ (ibid.: 205: *emphasis mine*). He suggests that ‘the Sandinista government’s favoured treatment of the war-victims (instead of equal

treatment for all) and presentation of them as heroes can be seen as a political gesture used to gather support for the Sandinista policy' (ibid.). While there are many similar elements between Bruun's example and the experiences of the war-wounded in *Bayt Shebab*, there is one important difference. In *Bayt Shebab*, the rhetorics of honour and sacrifice originated from the war-wounded themselves, rather than the government or state. The honour of the war-wounded soldiers was constructed in *Bayt Shebab* among the residents, which no longer resonated outside the institution. The residents focused on their physical 'sacrifices', but the sectarian group only cared for them at a distance. What was more important, from the point of view of the Lebanese state, was the visibility of the institution as a sign that the state was caring for its disabled. The acceptance of patients from all sectarian groups at *Bayt Shebab* from 1982 onwards, on some level reinforced the state's 'modernity'. This demonstrated the capability of the state to support a modern and plural society, while at the same time, retaining links to power through traditional ties. The patronage which was bestowed on the war-wounded soldiers at *Bayt Shebab*—the builders of the state, defenders of their families and communities—reinforced the power of the Lebanese state to care for its *citizens*, thereby constructing the state not as sectarian, but as modern.

## **Conclusion**

Living at *Bayt Shebab*, helped mitigate the stigma of disability through the establishment of a social identity, based on a shared experience of war. For these men and women, the home they created in *Bayt Shebab* became a way for them to retain their honour. Recurrent within these stories from *Bayt Shebab* were articulations of political and religious belonging, pride and sacrifice. Most

significantly, people utilised notions of family and nation as ways to express and justify their experience of disability.

The transformation of self within the context of the civil war, and the attempt by militia groups to claim control of the state, suggests that this specific type of embodied otherness became embroiled with the construction of the state. The people who live in *Bayt Shebab* full time came to make it their home. I have argued that one of the reasons this has happened is due to a 'shared body' in the sense that the residents share experiences of war, of their bodies and their stories.

The civil war created a similar experience to that of colonisation in relation to self. Not only did the violence of such experience often bring their subjectivity into acute awareness, it also violently reshaped the spaces which one was previously able to act within. Limited access to social networks, different parts of the city and the people, brings a new sociality into being. In the face of radical and violent changes that are caused by a civil war, one must re-invent and re-fashion self. The shared experience of becoming disabled by war created a unique relationship between the war veterans at *Bayt Shebab* and their sectarian group. This connection shaped notions of self in the sense that their first and primary identity was aligned with their sectarian group and not as a disabled person.

The war-wounded at *Bayt Shebab*, however, were never paraded through the streets of Beirut as the moral capital they embodied was no longer valid, but would in fact be counterproductive. One of the reasons why the men and women remained at *Bayt Shebab* was because outside of the institution they seemed to be simply disabled. The very thing that gave their life meaning would be lost – they would in effect be stripped of their hero-status in an increasingly modernised Lebanon, eager to forget its sectarian past. The people that stay may not necessarily feel that leaving

the facility would be a political act, but *Bayt Shebab* fosters an environment where these men and women's disabilities can still *mean something* rather than just be forgotten.

In this chapter I suggested that one of the main reasons why *Bayt Shebab* is still actively funded, is that it allows the Lebanese Forces Party, (who control the office of the President) to be able to show care for those within their sectarian group. The men and women, who were in *Bayt Shebab*, placed great emphasis on their sacrifice, not just for their families, but also for their country. As I showed in Chapter 2, the responsibility of care falls heavily upon those within the kin group. The kin, or *asabiya*, in Lebanon follow sectarian lines. *Bayt Shebab* is one way in which this sectarian party can show their responsibility, and *ability*, to care for those who they are meant to care for.

The critique that was launched against institutions like *Bayt Shebab*, by both Boutros and the LPHU, might lead one to think of the hospital as a 'zone of social abandonment' (Biehl 2005). In Biehl's ethnography on Vita, an institution for the care of socially abandoned people in Brazil, he shows how it became a depository for individuals whose families who no longer found value in maintaining these people within the close family network. Instead, patients at Vita were left there and committed against their will only to be pharmaceutically cared for by Brazil's medical bureaucracy.

My fieldwork in *Bayt Shebab* does not give me reason to think that the LPHU's critique is a very valid one. Instead, what we have seen is that a much wider range of circumstances influenced the decisions of the residents as to either stay or leave the hospital. The forces, which acted to keep the residents in *Bayt Shebab*, were *internally* constructed. This is not to suggest, however, that the 'prison without

bars' is not real. The permanent residence of the war-wounded at *Bayt Shebab* is not due to an institutional imposition strictly speaking, but rather, can be understood as a result of the increased desire to move away from a sectarian past, within the wider society.

While the critique, which has been launched by LPHU, might not be totally accurate, in some ways, Bayt Shebab is an anachronism and the permanent residents there are 'abandoned' in the past while society is moving on.



## Chapter 6: Conclusion

By attempting to answer the question posed at the beginning of the thesis, 'who is disabled?' I have shown disability to be influenced by the wider political context and at the same time is a viable way in which to engage with society and the state. Disability has often been theorised through notions of social inclusion and exclusion, but if we are to understand the complexities of the experience of disability in contemporary societies, like Lebanon, these theories are inadequate. The central failure of such theories is highlighted in the case of Lebanon where many forces act to 'include' people within a community. Sectarianism is a form of social inclusion, which brings about interesting tensions for disabled people, which cannot be answered or understood as being either 'within' or 'outside' of society. Staples has also noted that terms such as these are 'pervasive short-hands' which need unpacking as they have often been defined through contact with and under the influence of external discourses (Staples 2007, 17). Throughout the thesis it has been my intent to show that disability cannot solely understood as 'either/or' as the experience of disability is diverse. For some disabled people, sectarianism was a way to help make sense of their experiences, for others, it further disabled them. By showing the diversity of different experiences of disability, the thesis has revealed disability to be complex and difficult to simplify.

This thesis has argued that the body is a vehicle of identity. The disabled body, however, sometimes poses limitations to the possibilities of expressing that identity. Harkening back to Goffman, the relationality of disability seems similar to stigma whereby individuals can feel disabled, in some contexts, but not in others. While individuals are not limited to one singular identity, but are able to refashion

themselves in order to negate the impact of their bodily difference, their social and political environments limit their choice of identification. Discourses of disability thus emerge as central means in which people affect notions of 'self'. It was through exposure to discourses of disability that people came to relate to their bodies in certain ways. Stigmatising ideas about the inadequacy of the disabled body lead some people to experience a disjuncture between body and self. Mahmood (2005) has convincingly argued that external performances can create internal (personal) dispositions and hence, subjectivity, thus reinforcing the efficacy of the LPHU's approach of 'teaching by example'. It is thus crucial to the study of disability to understand the discourses that affect one's perception of self through the engagement with society and the body. Disability groups in Lebanon seem to be constructing environments or communities of internal social acceptance. This allows individuals to be safe within environments where stigmatising differences can be safely known and thus increases a disabled individual's ability to 'be-in-the-world'. Hence the LPHU's attempt to 'spread the word' or the people of *Bayt Shebab*'s desire to make it like 'home'.

If disability is not a fixed identity, what are the various relationships that act to construct it as a social object? One of these relationships is between the individual and their body. Another is between the body and society and yet another is the relationship between the body and the state. The disability rights discourses are aimed at aligning the individual's understanding of self with their physically impaired body. In this discourse, disability becomes empowering and can liberate an individual from an otherwise stigmatised social position. Regardless of disability politics, however, people still experience negative social stigma, but the experience is transformed through this engagement.

The social model suggests that disability is not a problem inherent in the person; rather 'a disability may be a better display board for the weakness of a cultural system than it is an account of real persons' (McDermott and Varenne 1995: 327). The LPHU has thus adopted the social mode of disability that is thought to be an emancipatory discourse as it liberates disabled people and physical impairments from being the source of oppression, and locates disability within society. Aside from simply providing an emancipatory discourse, this discourse of disability allows for the creation of a legal platform from which disability groups can organise and begin to work for the removal of discriminatory and oppressive legislation.

The social model was developed as an analytical tool within the US and Great Britain, but came to be imported in Lebanon. Operationalising this model outside of a Euro-American context has revealed its weaknesses. One of these weaknesses is its conceptualisation of the individual as a free, autonomous actor who is able to choose their identities independently of society and culture. A further weakness of this model, which the Lebanese case serves to highlight, is its conceptualisation of state and governance. The LPHU's ability to intervene within biopolitical domains suggested that the Lebanese state cannot be conceptualised in the sense of an 'absolute sovereign', but rather, my data has illustrated that kinship and sectarian structures reflect the multiple domains of power. The activism of groups such as LPHU can thus be seen as an attempt to facilitate a transformation of a sectarian political system into a secular, modern one. While scholars such as Suad Joseph have warned us against the dangers of reifying claims of universal citizenship citing that '[c]itizens in Lebanon often exercise their rights by knowing people upon whom they can make claims'. This is a 'very different notion of rights than is assumed by the liberal construct, where rights inhere in the autonomous individual' (Joseph 1996: 9).

With that said, however, it is exactly this liberal, autonomous rights which the LPHU themselves are calling for.

According to the LPHU, Euro-American ideas about disability are the only true ones and since they are not implementable in Lebanon due to its sectarian religious character, the disability rights movement becomes disabled by the state. In essence, the LPHU seeks to change society and the state to a modern, Western one. It does so by engaging with biopolitical domains. They seek to achieve this through political activism and lobbying, as exemplified by Law 220/2000. The ideal state is thus evoked through the critique of the current state. As the director of Arc-en-ciel stated, the LPHU were fighting those who were not executing the law. He stated, '[w]e are activating this law by putting practically what needs to be done; not fighting what isn't being done'. The main form of engagement of the LPHU is thus discursive and aims to affect subjectivity both among the disabled and in state structures.

There are many ways of managing disability, not all of which are compatible with LPHU's ideals of disability rights. In contrast to the LPHU's approach, *Bayt Shebab* highlighted the efficacy of institutions that work *within* the sectarian system. As I have argued, the ways people connect or disconnect themselves from disability discourses, affects the way they experience their disabled bodies. In *Bayt Shebab*, the war was central to how people spoke about their disabilities and their identities. From the perspective of groups like the LPHU, *Bayt Shebab* was a 'prison without bars'. However, for the people who lived at *Bayt Shebab* long term, it had come to be their 'home' and provided a discursive space in which they could bring meaning to their disability. It was, however, only within the confines of *Bayt Shebab* that the war-wounded could maintain this anachronistic sectarian identity. According to the

LPHU, institutions like *Bayt Shebab* were nothing more than instruments for the replication of the sectarian state. By insisting on a society that is based on human rights, rather than sectarian privileges, the LPHU set themselves in opposition to other disability groups and against the dominant sectarian arrangements of the state. While the war was important within *Bayt Shebab*, in other experiences of disability, the war is no more than a backdrop, albeit a permanent one. Sectarianism, however, came to the fore as central to doing political work.

One of the most important aspects of the LPHU, and the disability rights movement in Lebanon, was their positive and determined sense that people can create social change. Their call for universal citizenship was echoed throughout society. Coleridge suggests that the disability rights movement in Lebanon is not just the story of an organisation, but also a larger story of the ‘individual and collective courage that struggles against the chaos to create and maintain an alternative based on cooperation and civic consciousness’ (1993: 189). It became clear during my fieldwork that the struggle of the disability rights movement reflected far more than just a struggle for rights for the disabled. It was in fact a struggle, which echoed general sentiments of discontent from all people about the chaotic, unstable and dangerous forms of Lebanese politics. Disability and disability rights were an opening to a platform, from which Lebanese citizens could engage, and critique, the state. Disability, in this thesis has thus served as an alternate lens through which to examine society, the state and biopolitical activism in Lebanon. The fight for disability rights is also the fight for a new Lebanon.

The examination the application of the social model outside the West highlights and reminds us that disability rights are intrinsically political. Within the West, the social and legal transformations, which have occurred within the last fifty



years, make these rights seem self-evident. Disability rights do not come into our political consciousness unless the system does not support them. In Euro-American contexts, disability rights are usually taken-for-granted, whereas in Lebanon, the disability rights movement is embroiled in a much broader political struggle. The fact that the disability rights movement in Lebanon is so closely aligned with calls for secular modernity tends to overshadow the fact that there are already viable options for disability care.

In conclusion, the various competing disability discourse must be placed within a historical frame, and by exploring how people adopt identities in response to the competing narratives, this research bridges ethnographic analyses of the body with the social and political discourses that imbue these bodies with meaning. Further, by examining the ways people engage with different disability discourses and negotiate their positions within Lebanon, this research adds to an understanding of how the body can be integrated into politically oriented disability studies. I have suggested that the body is at the same time experienced subjectively and objectively constructed as an object. It is this relationship between the subjective and objective body, which reveals the body to be a key instrument for the production of both self and society.

Can disability be liberated from its association with the body to denote a general 'state' of dysfunction? While no one would argue that the country has not suffered through its history, it is only part of Lebanon's story. While there are repeated assassinations, civil strife, protests, strikes and mayhem, people speak about Lebanon as resilient, and speak about it with pride. Much like the statue that stands in Martyrs Square, the wounds and ordeal, which the Lebanese people have lived through, testifies to the possibility of a unified nation. The ghosts of war loom over

the country. Not just through stories, but in the physicality of the country. The dilapidated and bombed out buildings assume an almost sculptural beauty in their transmutation of form. The buildings, and streets of the country testify to a troubled past, and bring the past into the present.

## Bibliography

Abberly, P.

2002 Work, Disability, Disabled People and European Social Theory. In *Disability studies today*, edited by C. Barnes, M. Oliver and L. Barton, pp. viii, 280 p. Polity, Cambridge.

Abu-Habib, L. and Oxfam.

1997 *Gender and disability : women's experiences in the Middle East*. Oxfam, Oxford.

Abu-Lughod, L.

1989 Zones of Theory in the Anthropology of the Arab World. *Annual Review of Anthropology* 18:267-306.

Abul-Husn, L.

1998 *The Lebanese conflict : looking inward*. Canberra studies on peace research and conflict analysis. Lynne Rienner Publishers, Boulder, Colo. ; London.

Adelson, B.

2005 *The lives of dwarfs : the journey from public curiosity toward social liberation*. Rutgers University Press, New Brunswick, N.J.

Aguilar, P.

1999 'Agents of Memory; Spanish Civil War veterans and disabled soldiers' In *War and remembrance in the twentieth century*, edited by E. Sivan and J. M. Winter. Cambridge University Press.

Albrecht, G. L., K. D. Seelman and M. Bury (editors)

2001 *Handbook of disability studies*. Sage Publications, Thousand Oaks, Calif. ; London.

Altman, B.

2001 Disability, Definitions, Models, Classification Schemes and Application. In *Handbook of disability studies*, edited by G. L. Albrecht, K. D. Seelman and M. Bury, pp. x, 852 p. SAGE, Thousand Oaks ; London.

Anderson, B.

2006 [1983] *Imagined communities : reflections on the origin and spread of nationalism*. Rev. ed. Verso, London.

Anonomous

2004 *Landmine Impact Survey*. United Nations.

2005 *Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of all Forms of Discrimination against Women*. United Nations.

- Aretxaga, B.  
2003 Maddening States. *Annual Review of Anthropology* 32(1):393-410.
- Armstrong, K.  
2005 *A short history of myth*. Canongate, Edinburgh.
- Asad, T.  
1993 *Genealogies of religion : discipline and reasons of power in Christianity and Islam*. Johns Hopkins University Press, Baltimore, Md. ; London.
- Ayoub, M.  
1978 *Redemptive suffering in Islām : a study of the devotional aspects of āAshāurāa in Twelver Shāi'ism*. Religion and society ; 10. Mouton Publishers, The Hague.
- Barnes, C., M. Oliver and L. Barton  
2002 *Disability studies today*. Polity, Cambridge.
- Barton, L. and F. Armstrong  
2001 Disability, Education and Inclusion: Cross-Cultural Issues and Dilemmas. In *Handbook of disability studies*, edited by G. L. Albrecht, K. D. Seelman and M. Bury, pp. x, 852 p. SAGE, Thousand Oaks ; London.
- Bauman, Z.  
1997 *Postmodernity and its discontents*. Polity, Cambridge.
- Becker, A. E.  
1995 *Body, self, and society : the view from Fiji*. New cultural studies. University of Pennsylvania Press, Philadelphia.
- Benedict, B. M.  
2006 Displaying Difference: Curious Count Boruwlaski and the Staging of Class Identity. *Eighteenth-Century Life* 30(3):78-106.
- Benedict, R.  
1934 Anthropology and the Abnormal. *Journal of General Psychology* (10): p.59-82.
- Biehl, J. G.  
2005 *Vita : life in a zone of social abandonment*. University of California Press, Berkeley ; London.
- Bill, J. A. and J. A. Williams  
2002 *Roman Catholics & Shi'i Muslims : prayer, passion & politics*. University of North Carolina Press, Chapel Hill.

- Boddy, J. P.  
1989 *Wombs and alien spirits : women, men, and the Ẓaar cult in Northern Sudan*. New directions in anthropological writing. University of Wisconsin Press, Madison, Wis. ; London.
- Bordo  
1990 Reading the Slender Body. In *Body/politics : women and the discourses of science*, edited by S. Shuttleworth, E. F. Keller and M. Jacobus, pp. p83-112. Routledge, New York ; London.
- Bouhdiba, A. and A. Khal  
2000 Festivities of Violence: Circumcision and the making of men. In *Imagined masculinities : male identity and culture in the modern Middle East*, edited by G. Mai and E. Sinclair-Webb, pp. 294 p. Saqi Books, London.
- Boukhari, H.  
1997 ' Invisible victims: working with mothers of children with disabilities. In *Gender and Disability: Women's experiences in the Middle East*, edited by L. Abu-Habib, pp. 36-45. Oxfam.
- Bourdieu, P.  
1977 *Outline of a theory of practice*. Cambridge studies in social anthropology ; 16. Cambridge University Press, Cambridge.  
  
1984 *Distinction : a social critique of the judgement of taste*. Routledge & Kegan Paul, London.  
  
1997 Marginalia-- Some Additional Notes on the Gift. In *The logic of the gift : toward an ethic of generosity*, edited by A. D. Schrift, pp. xiii, 334p. Routledge, New York ; London.
- Bourke, J.  
1996 *Dismembering the male : men's bodies, Britain and the Great War*. Picturing history. Reaktion, London.
- Bowker, J. W.  
1970 *Problems of suffering in religions of the world*. Cambridge University Press, London.
- Braddock, D. L. and S. L. Parrish  
2001 An Institutional History of Disability. In *Handbook of disability studies*, edited by G. L. Albrecht, K. D. Seelman and M. Bury, pp. x, 852 p. SAGE, Thousand Oaks ; London.
- Brody, S. N.  
1974 *The disease of the soul : leprosy in medieval literature*. Cornell University Press, Ithaca [N.Y.].



- Bruun, F. J.  
1995 Hero, Beggar or Sportstar: Negotiating the Identity of the disabled person in Nicaragua. In *Disability and culture*, edited by B. Ingstad and S. R. Whyte, pp. x, 307p. University of California Press, Berkeley, Calif. ; London.
- Butler, J.  
1993 *Bodies that matter : on the discursive limits of "sex"*. Routledge, New York ; London.
- Campbell, J. and M. Oliver  
1996 *Disability politics : understanding our past, changing our future*. Routledge, London.
- Coleridge, P.  
1993 *Disability, liberation and development*. Oxfam, Oxford.
- Connerton, P.  
1989 *How societies remember*. Themes in the social sciences. Cambridge University Press, Cambridge.
- Corker, M. and S. French  
1999 *Disability discourse*. Disability, human rights and society. Open University Press, Buckingham.
- Cowan, J. K.  
2001 Ambiguities of an Emancipatory discourse: The Making of a Macedonia Minority in Greece. In *Culture and rights : anthropological perspectives*, edited by J. K. Cowan, M.-B. Dembour and R. Wilson, pp. xiv, 258 p. Cambridge University Press, Cambridge.
- Csordas, T. J.  
1990 Embodiment as a Paradigm for Anthropology. *Ethos* 18(1):5-47.  
  
1993 Somatic Modes of Attention. *Cultural Anthropology* 8(2):135-156.  
  
1994 *Embodiment and experience : the existential ground of culture and self*. Cambridge studies in medical anthropology ; 2. Cambridge University Press, Cambridge.
- Dam, N. v.  
1979 *The struggle for power in Syria : sectarianism, regionalism and tribalism in politics, 1961-1978*. Croom Helm, London.
- Danaher, K.  
1982 Israel's Use of Cluster Bombs in Lebanon. *Journal of Palestine Studies* 11(4):48-57.

- Daniel, E. V.  
1994 The individual in terror. In *Embodiment and Experience*, edited by T. J. Csordas. Cambridge University Press, Cambridge.
- Das, V.  
1998 Wittgenstein and Anthropology. *Annual Review of Anthropology* 27:171-195.
- Das, V. and R. Addlakha  
2001 Disability and Domestic Citizenship: Voice, Gender, and the Making of the Subject. *Public Culture* 13(3):511-532.
- Davies, D. J.  
2002 *Anthropology and theology*. Berg, Oxford.
- Davis, L. J.  
1995 *Enforcing Normalcy: Disability, Deafness, and theBody*. New York: Verso
- Douglas, M.  
1966 [2006] *Purity and danger : an analysis of concepts of pollution and taboo*. 3rd imprint with corrections. ed. Routledge & K. Paul, London.  
  
1970 *Natural symbols : explorations in cosmology*. Barrie & Rockliff the Cresset Press, London.
- Doumato, E. A.  
1991 Women and the Stability of Saudi Arabia. *Middle East Report* (171):34-37.  
  
1992 Gender, Monarchy, and National Identity in Saudi Arabia. *British Journal of Middle Eastern Studies* 19(1):31-47.
- Durkheim, E.  
1893 [1984] *The division of labour in society*. Macmillan, Basingstoke.
- Edwards, C. and R. Imrie  
2003 Disability and Bodies as Bearers of Value. *Sociology* 37(2):239-256.
- Eickelman, D. F.  
1989 *The Middle East : an anthropological approach*. 2nd ed. Prentice-Hall, Englewood Cliffs, N.J.
- Emerson, R. M., R. I. Fretz and L. L. Shaw  
1995 *Writing ethnographic fieldnotes*. Chicago guides to writing, editing, and publishing. University of Chicago Press, Chicago, Ill. ; London.

- Eriksen, T. H.  
2001 *Small places, large issues : an introduction to social and cultural anthropology*. 2nd ed. Anthropology, culture and society. Pluto Press, London.
- Evans-Pritchard, E. E. and E. Gillies  
1937 [1976] *Witchcraft, oracles, and magic among the Azande*. [New ed. Clarendon Press, Oxford.
- Farah, C. E.  
2000 *The politics of interventionism in Ottoman Lebanon, 1830-1861*. Centre for Lebanese Studies in association with I.B. Tauris, London.
- Fawaz, L. T.  
1994 *An occasion for war : civil conflict in Lebanon and Damascus in 1860*. Centre for Lebanese Studies ; I.B. Tauris, London.
- Foucault, M.  
1967 *Madness and civilization : a history of insanity in the Age of Reason*. Tavistock Publications, London.  
  
1973 *The birth of the clinic : an archaeology of medical perception*. Tavistock Publications, London.  
  
1976 [1998] *The history of sexuality*. Penguin, London.  
  
1979 *Discipline and punish : the birth of the prison*. Penguin, Harmondsworth.
- Fraser, M. and M. Greco  
2005 *The body : a reader*. Routledge, London.
- French, L.  
1994 The Political Economy of injury and compassion: amputees on the Thai-Cambodia border. In *Embodiment and experience : the existential ground of culture and self*, edited by T. J. Csordas, pp. xi,294p. Cambridge University Press, Cambridge.
- Freund, P.  
2001 Bodies, Disability and Spaces: the social model and disabling spatial organisations. *Disability & Society* 16:689-706.
- Gabel, S.  
1999 Depressed and Disabled: Some discursive problems with mental illness. In *Disability discourse: Disability, human rights and society*, edited by M. Corker and S. French, pp. xii,226p. Open University Press, Buckingham.

- Geertz, C.  
1968 *Islam observed : religious development in Morocco and Indonesia*. The Terry lectures ; v. 37. Yale University Press, New Haven.
- Geertz, C., H. Geertz, L. Rosen and P. Hyman  
1979 *Meaning and order in Moroccan society : three essays in cultural analysis*. Cambridge University Press, Cambridge.
- Gellner, E.  
1997 *Nationalism*. Weidenfeld & Nicolson, London.
- Ghoussoub, M. and E. Sinclair-Webb  
2000 *Imagined masculinities : male identity and culture in the modern Middle East*. Saqi Books, London.
- Giddens, A.  
1991 *Modernity and self-identity : self and society in the Late Modern Age*. Polity, Cambridge.
- Goffman, E.  
1959 [1990] *The presentation of self in everyday life*. Penguin, Harmondsworth.  
  
1961 *Asylums : essays on the social situation of mental patients and other inmates*. Doubleday, Garden City, N.Y.  
  
1963 [1990] *Stigma : notes on the management of spoiled identity*. Penguin, London.
- Greenblatt, S.  
1997 Mutilation and Meaning. In *The body in parts : fantasies of corporeality in early modern Europe*, edited by D. Hillman and C. Mazzio, pp. xxix,344p. Routledge, New York ; London.
- Groce, N. E.  
1985 *Everyone here spoke sign language; Hereditary deafness on Marth's Vineyard*. Harvard University Press, Cambridge, MA.
- Grosz, E.  
1994 *Volatile bodies : toward a corporeal feminism*. Theories of representation and difference. Indiana University Press, Bloomington, Ind.  
  
1996 Intolerable Ambiguity; Freaks as/at the Limit. In *Freakery: Cultural Spectacles of the Extraordinary Body*, edited by R. G. Thompson. New York University Press, New York.
- Hacking, I.  
1999 *The social construction of what?* Harvard University Press, Cambridge, Mass. ; London.
- Hammersley, M. and P. Atkinson

- 1995 *Ethnography : principles in practice*. 2nd ed. Routledge, London.
- Hanf, T. a. S., N. (ed.)  
 2003 *Lebanon in Limbo : postwar society and state in an uncertain regional environment*. Studien zu Ethnizität, Religion und Demokratie ; Bd. 4. Nomos, Baden-Baden.
- Harik, I.  
 1968 *Politics and change in a traditional society : Lebanon, 1711-1845*. Princeton University Press, Princeton, N.J.
- Harik, J. P.  
 2005 *Hezbollah : the changing face of terrorism*. [New ed. I.B. Tauris, London ; New York.
- Heydemann, S. and Joint Committee on the Near and Middle East.  
 2000 *War, institutions, and social change in the Middle East*. University of California Press, Berkeley, Calif. ; London.
- Hillman, D. and C. Mazzio  
 1997 *The body in parts : fantasies of corporeality in early modern Europe*. Routledge, New York ; London.
- Homer and A. N. Athanassakis  
 1976 *The Homeric hymns*, Baltimore,.
- Hughes, B.  
 2002 Disability and the Body. In *Disability studies today*, edited by C. Barnes, M. Oliver and L. Barton, pp. viii, 280 p. Polity, Cambridge.
- Hunt, L. M. and C. Mattingly  
 1998 Introduction: Diverse Rationalities and Multiple Realities in Illness and Healing. *Medical Anthropology Quarterly* 12(3):267-272.
- Huntington, S. P.  
 1996 *The clash of civilizations? : the debate*. Foreign Affairs, New York.
- Ingstad, B. and S. R. Whyte (editors)  
 1995a *Disability and culture*. University of California Press, Berkeley ; London.  
 1995b Disability and culture: An Introduction. In *Disability and culture*, edited by B. Ingstad and S. R. Whyte, pp. x, 307p. University of California Press, Berkeley, Calif. ; London.
- Inhorn, M. C.  
 2004 Middle Eastern Masculinities in the Age of New Reproductive Technologies: Male Infertility and Stigma in Egypt and Lebanon. *Medical Anthropology Quarterly* 18(2):162-182.



2007 Masculinity, Reproduction, and Male Infertility Surgery in the Middle East. *Journal of Middle East Women's Studies* 3(3):1-20.

Joseph, S.

1983 Working-Class Women's Networks in a Sectarian State: A Political Paradox. *American Ethnologist* 10(1):1-22.

1993 Connectivity and Patriarchy among Urban Working-Class Arab Families in Lebanon. *Ethos* 21(4):452-484.

1994 Brother/Sister Relationships: Connectivity, Love, and Power in the Reproduction of Patriarchy in Lebanon. *American Ethnologist* 21(1):50-73.

1996 Gender and Citizenship in the Middle East. *Middle East Report and Information Project* (Jan-Mar): 4-10

1997 The Public/Private - The Imagined Boundary in the Imagined Nation/State/Community: The Lebanese case. *Feminist Review(on-Line)* 57(1):73 - 92.

Kanaaneh, R.

2003 Embattled Identities: Palestinian Soldiers in the Israeli Military. *Journal of Palestine Studies* 32(3):5-20.

2005 Boys or Men? Duped or "Made"? Palestinian Soldiers in the Israeli Military. *American Ethnologist* 32(2):260-275.

Kanaaneh, R. A.

2002 *Birthing the nation : strategies of Palestinian women in Israel*. California series in public anthropology ; 2. University of California Press, Berkeley, Calif. ; London.

Kandiyoti, D.

1991a Identity and its Discontents: Women and the Nation. *Millennium: Journal of International Studies* 20:429-444.

1991b Women, Islam and the State. *Middle East Report* (173):9-14.

Khalaf, S.

2002 *Civil and uncivil violence in Lebanon : a history of the internationalization of communal contact*. Columbia University Press, New York.

Kleinman, A.

1980 *Patients and healers in the context of culture an exploration of the border land between anthropology, medicine, and psychiatry*. Comparative studies of health systems and medical care no. 3. University of California Press, Berkeley London.

- 1988 *The illness narratives : suffering, healing, and the human condition*. Basic Books, New York.
- Kohrman, M.  
2005 *Bodies of difference : experiences of disability and institutional advocacy in the making of modern China*. University of California Press, Berkeley ; London.
- Kuper, A.  
1985 Durkheim's Theory of Primitive Kinship. *The British Journal of Sociology* 36(2):224-237.
- Lakkis, S.  
1997 Mobilizing women with disabilities: The Lebanese Sitting Handicapped Association. In *Gender and disability : women's experiences in the Middle East*, edited by L. Abu-Habib, pp. vi, 97 p. Oxfam, Oxford.
- Leder, D.  
1990 *The absent body*. University of Chicago Press, Chicago, Ill. ; London.
- Levi-Strauss, C.  
1963a *Structural anthropology*. Basic Books, New York, London.  
1963b *Totemism*. Beacon Press, Boston.
- Lewis, B.  
1990 The Roots of Muslim rage: Why so many Muslims deeply resent the West, and why their bitterness will not easily be mollified. In *The Atlantic Monthly*, pp. p.10.
- Lock, M.  
1993 Cultivating the Body: Anthropology and Epistemologies of Bodily Practice and Knowledge. *Annual Review of Anthropology* 22:133-155.
- Lock, M. M. and J. Farquhar  
2007 *Beyond the body proper : reading the anthropology of material life*. Body, commodity, text. Duke University Press, Durham [N.C.] ; London.
- Loos, H. v. d.  
1965 *The miracles of Jesus*. E.J. Brill, Leiden.
- LPHU  
Mission Statement. Lebanese Physically Handicapped Union.
- Lutz, C.  
2006 Militarization and its current crisis. In *The anthropology of the state : a reader*, edited by A. Sharma and A. Gupta, pp. x, 410 p. Blackwell readers in anthropology Blackwell Pub., Malden, Mass. ; Oxford.

- Maghen, Z. E.  
2005 *Virtues of the flesh : passion and purity in early Islamic jurisprudence*. Studies in Islamic law and society v. 23. Brill, Leiden.
- Mahmood, S.  
2001 Feminist Theory, Embodiment, and the Docile Agent: Some Reflections on the Egyptian Islamic Revival. *Cultural Anthropology* 16(2):202-236.  
  
2005 *Politics of piety : the Islamic revival and the feminist subject*. Princeton University Press, Princeton, NJ.
- Makdisi, S.  
1997a Laying Claim to Beirut: Urban Narrative and Spatial Identity in the Age of Solidere. *Critical Inquiry* 23(3):661-705.  
  
1997b Reconstructing History in Central Beirut. *Middle East Report* (Lebanon and Syria: The Geopolitics of Change):23-30.  
  
2006 ' Beirut, a city without a history? In *Memory and violence in the Middle East and North Africa* edited by U. S. Makdisi and P. A. Silverstein, pp. viii, 243 p. Indiana University Press, Bloomington.
- Makdisi, U.  
1996 Reconstructing the Nation-State: The Modernity of Sectarianism in Lebanon. *Middle East Report* (200):23-30.  
  
2000 *The culture of sectarianism : community, history, and violence in nineteenth-century Ottoman Lebanon*. University of California Press, Berkeley, Calif. ; London.
- Makdisi, U. S. and P. A. Silverstein  
2006 *Memory and violence in the Middle East and North Africa*. Indiana University Press, Bloomington.
- Martin, E.  
1989 *The woman in the body : a cultural analysis of reproduction*. Open University Press, Milton Keynes.
- Mason, A.  
2000 *Community, solidarity and belonging : levels of community and their normative significance*. Cambridge University Press, Cambridge.
- Mattingly, C. and L. C. Garro  
2000 *Narrative and the cultural construction of illness and healing*. University of California Press, Berkeley ; London.
- McDermott, R. and H. Varenne

1995 Culture "as" Disability. *Anthropology & Education Quarterly* 26(3):324-348.

Merleau-Ponty, M.

2002 *Phenomenology of perception*. Routledge classics. Routledge, London; New York.

Messick, B.

1987 Subordinate Discourse: Women, Weaving, and Gender Relations in North Africa. *American Ethnologist* 14(2):210-225.

Mitchell, D. T. and S. L. Snyder

2001 Representation and its Discontents: The uneasy home of disability in Literature and film. In *Handbook of disability studies*, edited by G. L. Albrecht, K. D. Seelman and M. Bury, pp. x, 852 p. SAGE, Thousand Oaks ; London.

Monks, J. and R. Frankenberg

1995 Being Ill and Being Me: Self, Body and Time in Multiple Sclerosis Narratives. In *Disability and culture*, edited by B. Ingstad and S. R. Whyte, pp. x, 307 p. University of California Press, Berkeley ; London.

Murphy, R. F.

1987 [1990] *The body silent*. W.W. Norton, New York ; London.

1995 Encounters. In *Disability and culture*, edited by B. Ingstad and S. R. Whyte, pp. x, 307p. University of California Press, Berkeley, Calif. ; London.

Murphy, R.

1995 Encounters: The Body Silent in America. In *Disability and culture*, edited by B. Ingstad and S. R. Whyte, pp. x, 307p. University of California Press, Berkeley, Calif. ; London.

Navaro-Yashin, Y.

2002 *Faces of the state : secularism and public life in Turkey*. Princeton University Press, Princeton, N.J. ; Oxford.

Nicholson, L. J.

1990 *Feminism/postmodernism*. Thinking gender. Routledge, New York ; London.

Nicolaisen, I.

1995 Persons and non persons: Disability and Personhood among the Punan Bah of Central Borneo. In *Disability and Culture*, edited by S. R. Whyte and B. Ingstad. The University of California Press, Berkley and Los Angeles.

- Oliver, M.  
1990 *The politics of disablement*. Critical texts in social work and the welfare state. Macmillan Education, London.
- Osella, C. and F. Osella  
2006 *Men and masculinities in south India*. Anthem South Asian studies. Anthem Press, London ; New York.
- Owen, R.  
1976 *Essays on the crisis in Lebanon*. Ithaca Press, London.
- Parmenter, T.  
2001 Intellectual Disabilities- Quo Vadis? In *Handbook of disability studies*, edited by G. L. Albrecht, K. D. Seelman and M. Bury, pp. x, 852 p. Sage Publications, Thousand Oaks, Calif. ; London.
- Parry, J. P.  
1989 On the moral perils of exchange. In *Money and the morality of exchange* pp. 64-93. Cambridge University Press, Cambridge.
- Parry, J. P. and M. Bloch  
1989 *Money and the morality of exchange*. Cambridge University Press, Cambridge.
- Parsons, T.  
1975 The Sick Role and the Role of the Physician Reconsidered. *The Milbank Memorial Fund Quarterly. Health and Society* 53(3):257-278.
- Peteet, J.  
1994 Male Gender and Rituals of Resistance in the Palestinian "Intifada": A Cultural Politics of Violence. *American Ethnologist* 21(1):31-49.
- Picard, E.  
2000 The political economy of civil war in Lebanon. In *War, institutions, and social change in the Middle East*, edited by S. Heydemann, pp. vii, 372 p. University of California Press, Berkeley, Calif. ; London.
- Priestley, M.  
1999 *Disability politics and community care*. Jessica Kingsley, London.
- Rabinow, P.  
1999 *French DNA : trouble in purgatory*. University of Chicago Press, Chicago, Ill. ; London.
- Rabinow, P. and N. Rose  
2006 Biopower Today. *BioSocieties* 1(02):195-217.



- Ravaud, J.-F. and H.-J. Stiker  
 2001 'Inclusion/Exclusion: An Analysis of Historical and Cultural Meanings. In *The Handbook of Disability Studies*, edited by G. L. Albrecht, K. D. Seelman and M. Bury, pp. 490-514. Sage.
- Riddell, S. and N. Watson  
 2003 *Disability, culture and identity*. Pearson/Prentice Hall, Harlow.
- Rose, A.  
 1997 "Who Causes the Blind to See": disability and quality of religious life. *Disability & Society* 12(3):395 - 405.
- Saba, Paul  
 1976 'The creation of the Lebanese economy: economic growth in the in the Nineteenth and Early Twentieth In *Essays on the crisis in Lebanon*, edited by R. Owen, pp. [3],91p. Ithaca Press, London.
- Said, E. W.  
 1978 *Orientalism*. Routledge and Kegan Paul, London.
- Salibi, K. S.  
 1977 *The modern history of Lebanon*. Caravan Books, Delmar, N.Y.
- Scarry, E.  
 1985 *The body in pain : the making and unmaking of the world*. Oxford University Press, New York ; Oxford.
- Scheper-Hughes, N. and M. M. Lock  
 1986 Speaking "Truth" to Illness: Metaphors, Reification, and a Pedagogy for Patients. *Medical Anthropology Quarterly* 17(5):137-140.  
 1987 The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly* 1(1):6-41.
- Schneider, L.  
 1964 *Religion, culture, and society : a reader in the sociology of religion*. Wiley, New York.
- Shakespeare, T.  
 1998 *The disability reader : social science perspectives*. Cassell, London.
- Shakespeare, T., K. Gillespie-Sells and D. Davies  
 1996 *The sexual politics of disability : untold desires*. Cassell, London.
- Shakespeare, T. and N. Watson  
 1997 Defending the Social Model. *Disability & Society* 12(2):293 - 300.  
 2001 The Social Model of Disability: An Outdated Ideology? *Exploring Theories and Expanding Methodologies* 2:9-28.

- Sharma, A. and A. Gupta  
2006 *The anthropology of the state : a reader*. Blackwell readers in anthropology ; 9. Blackwell, Malden, Mass. ; Oxford.
- Sharp, L. A.  
1995 Organ Transplantation as a Transformative Experience: Anthropological Insights into the Restructuring of the Self. *Medical Anthropology Quarterly* 9(3):357-389.
- Shehadi, N., D. H. Mills and Centre for Lebanese Studies (Great Britain).  
1988 *Lebanon : a history of conflict and consensus*. The Centre for Lebanese Studies in association with I.B. Tauris, London.
- Shuttleworth, S., E. F. Keller and M. Jacobus  
1990 *Body/politics : women and the discourses of science*. Routledge, New York ; London.
- Sivan, E. and J. M. Winter  
1999 *War and remembrance in the twentieth century*. Studies in the social and cultural history of modern warfare ; 5. Cambridge University Press, Cambridge.
- Sorlin, P.  
1999 Children and Victims in Postwar European Cinema. In *War and remembrance in the twentieth century*, edited by J. M. Winter and E. Sivan, pp. 224 p. Studies in the social and cultural history of modern warfare ; 5 Cambridge University Press, Cambridge.
- Speirs, Jennifer  
2007 Secretly connected? Anonymous Semen Donation, Genetics and the meanings of kinship, PhD thesis, Department of Social Anthropology, The University of Edinburgh
- Staples, J.  
2003 Disguise, Revelation and Copyright: Disassembling the South Indian Leper. *The Journal of the Royal Anthropological Institute* 9:295-315.  
  
2004 Delineating Disease: Self-Management of Leprosy Identities in South India. *Medical Anthropology* 23(1):69 - 88.  
  
2005a Becoming a man: Personhood and masculinity in a south Indian leprosy colony. *Contributions to Indian Sociology* 39(2):279-305.  
  
2005b Leprosy in South India: The Paradox of disablement as Enablement. *The Review of Disability Studies* 1(4):13-28.  
  
2007 *Peculiar people, amazing lives : leprosy, social exclusion, and community making in South India*. Orient Longman, New Delhi.

- Stiker, H.-J.  
1999 *A history of disability*. Corporealities. University of Michigan Press, Ann Arbor.
- Stone, E. and M. Priestley  
1996 Parasites, Pawns and Partners: Disability Research and the Role of Non-Disabled Researchers. *The British Journal of Sociology* 47(4):699-716.
- Strathern, M.  
1987 An Awkward Relationship: The Case of Feminism and Anthropology. *Signs* 12(2):276-292.
- Swain, J.  
1993 *Disabling barriers - enabling environments*. Sage, London.
- Sweet, L. E.  
1974 Visiting Patterns and Social Dynamics in a Lebanese Druze Village. *Anthropological Quarterly* 47(1):112-119.
- Thomas, C.  
2002 Disability theory. In *Disability studies today*, edited by C. Barnes, M. Oliver and L. Barton, pp. viii, 280 p. Polity, Cambridge.
- Thomson, R. G.  
1996 *Freakery : cultural spectacles of the extraordinary body*. New York University Press, New York ; London.
- Turner, B. S.  
1991 *Religion and social theory*. 2nd ed. Theory, culture & society. Sage, London.  
  
1996 *The body and society : explorations in social theory*. Blackwell, Oxford.
- Turner, V. W.  
1969 *The ritual process : structure and anti-structure*. Lewis Henry Morgan lectures ; 1966. Aldine de Gruyter, New York.
- Wacquant, L.  
1998 The Prizefighter's three bodies *Ethnos* 63(3):325-352
- Wallis, R.  
1975 *Sectarianism : analyses of religious and non-religious sects*. Owen, London.

- Watson, N.  
2002 Well, I Know this is Going to Sound Very Strange to You, but I Don't See Myself as a Disabled Person: identity and disability. *Disability & Society* 17(5):509 - 527.
- Wehbi, S.  
2006 The challenges of inclusive education in Lebanon. *Disability & Society* 21(4):331 - 343.
- Wehbi, S. and Y. El-Lahib  
2007 The employment situation of disabled people in Lebanon: challenges and opportunities. *Disability & Society* 22(4):371 - 382.
- Wehr, H. and J. M. Cowan  
1979 *A dictionary of modern written Arabic : (Arabic- English)*. 4th ed. Harrassowitz, Wiesbaden.
- Weiss, M.  
1997 War Bodies, Hedonist Bodies: Dialectics of the Collective and the Individual in Israeli Society. *American Ethnologist* 24(4):813-832.  
  
2001 The Body of the Nation: Terrorism and the Embodiment of Nationalism in Contemporary Israel. *Anthropological Quarterly* 75(1):37-62.  
  
2002 *The chosen body : the politics of the body in Israeli society*. Contraversions. Stanford University Press, Stanford, Calif.
- Wendell, S.  
1996 *The rejected body : feminist philosophical reflections on disability*. Routledge, New York ; London.
- Wikan, U.  
1984 Shame and Honour: A Contestable Pair. *Man* 19(4):635-652.  
  
1991 *Behind the veil in Arabia : women in Oman*. University of Chicago Press, Chicago ; London.  
  
2000 With life in One's Lap: The story of an Evil Eye/I. In *Narrative and the cultural construction of illness and healing*, edited by C. Mattingly and L. C. Garro, pp. ix, 279 p. University of California Press, Berkeley ; London.
- Wilson, B. R.  
1990 *The social dimensions of sectarianism : sects and new religious movements in contemporary society*. Clarendon, Oxford.
- Winter, J. M.  
1995 *Sites of memory, sites of mourning : the Great War in European cultural history*. Studies in the social and cultural history of modern warfare. Cambridge University Press, Cambridge.

Yuval-Davis, N.

1997 *Gender & nation*. Theory, culture & society. Politics and culture. Sage, London.

Yuval-Davis, N., F. Anthias and J. Campling

1989 *Woman - nation - state*. Macmillan, Basingstoke.

### Web Sources

Lebanese Physically Handicapped Union. 2003 Unpublished Working Paper Disability and Employment.

BBC NEWS. April 2007. Nip 'n' tuck loans offer in Lebanon.

[http://news.bbc.co.uk/1/hi/world/middle\\_east/6577497.stm](http://news.bbc.co.uk/1/hi/world/middle_east/6577497.stm)

(accessed October 23 2007)

Lebanese Ministry of Social Affairs. Stats on people presented with disability cards

<http://www.socialaffairs.gov.lb/ShowPage.asp?spID=1209002>

Lebanese Ministry of Social Affairs. List of Disability Groups.

<http://www.socialaffairs.gov.lb/ShowPage.asp?spID=1204001>

(accessed September 2008)

Lebanese Physically Handicapped Union.

<http://www.lphu.org/AN/dil.asp> (accessed Jan 29<sup>th</sup>, 2008)

Lebanese Physically Handicapped Union. 2003a. Strategic direction for Human Rights Advocacy, Law 220/2000 in English

[http://www.lphu.com/AN/doc/documentation/The\\_Law\\_220.doc](http://www.lphu.com/AN/doc/documentation/The_Law_220.doc)

(accessed January 23, 2007)

Morphogenesis of the Beirut Green-Line. Theoretical Approaches between Architecture and Geography

<http://almashriq.hiof.no/lebanon/900/910/919/beirut/greenline/moystad>

(accessed January 24, 2007)

Plaut, Steven 2005. Berkeley Hires a Feminist Liar. FrontPageMagazine.com.

<http://frontpagemag.com/Articles/Read.aspx?GUID=FB22CC4A-60E9-437A-A5D7-0682D9E3228B>

(accessed January 2008)

Riddell, Peter. April-May 1996. Racing for a new Lebanon - wheelchair marathon champion and war casualty, Nano Chlemon.

[http://findarticles.com/p/articles/mi\\_m0KZH/is\\_2\\_9/ai\\_30279727](http://findarticles.com/p/articles/mi_m0KZH/is_2_9/ai_30279727)

(accessed September 4, 2008)

UNDP. March 2003. Enhancing Business Community Relations. National Research Report, Beirut, Lebanon.<http://www.undp-pogar.org/countries/stats.asp?cid=9&gid=1>

(accessed February 11, 2008).



UNDP. 1998. National Human Development Report  
<http://www.undp.org.lb/programme/governance/advocacy/nhdr/nhdr98/index.cfm>  
(accessed February 11, 2008).

UNDP. March 2003. Enhancing Business Community Relations. National Research Report. Private Sector  
<http://www.undp.org.lb/partners/privatesector/ebcr/report/docs/2.pdf>  
(accessed February 11, 200).

Wie, Harald. 2004. UNDP/ ERD. Landmines in Lebanon: An Historic Overview and the Current Situation.  
[http://maic.jmu.edu/journal/5.3/focus/Harald\\_Wie/Harald\\_Wie.htm](http://maic.jmu.edu/journal/5.3/focus/Harald_Wie/Harald_Wie.htm)  
(accessed October 2008)